

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90181 028 \*\*\*150.00

**DOCUMENT # P02000108510**

1. Entity Name  
**SALIBA INTERNATIONAL, INC.**



Principal Place of Business  
**4260 NORTHWEST 1ST AVENUE  
SUITE 47  
BOCA RATON FL 33431**

Mailing Address  
**4260 NORTHWEST 1ST AVENUE  
SUITE 47  
BOCA RATON FL 33431**



2. Principal Place of Business  
**600 S Fed Hwy  
Suite, Apt. #, etc.  
201**

3. Mailing Address  
**600 S Fed Hwy  
Suite, Apt. #, etc.  
201**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Deerfield Bch, FL**  
Zip  
**33441**  
Country  
**USA**

City & State  
**Deerfield Beach, FL**  
Zip  
**33441**  
Country  
**USA**

4. FEI Number  
**45-0488810**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, LEONARD  
9604-A BOCA GARDENS PKWY  
BOCA RATON FL 33496**

Name  
**George Saliba**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 S Fed Hwy  
#201**  
City  
**Deerfield Bch, FL** Zip Code  
**33441**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/02**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Leonard Harris #41 4260 NW 1st Ave Boca Raton, FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President George Saliba 600 S Fed Hwy #201 Deerfield Bch, FL 33441</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/02**  
Date

**(561) 361-6972**  
Daytime Phone #

CR2E034 (10/02)

Internal  
Revenue  
Service

*Attachment 88022930*  
*# 002000108810*  
**Employer Identification  
Number (EIN) Cover Sheet**

Date *10-23-2002*No. of pages (including  
this one)**Philadelphia Accounts Management Center (PAMC)**

To

**GEORGE SALIBA**

From

William Measure, Chief, Operation 1  
Philadelphia Accounts Management

Fax

**561-361-6831**

Phone

**1-866-816-2055****ATTENTION**

Name of Entity

**SALIBA INTERNATIONAL, INC.**

EIN

**45-0488810**

Name of Entity

EIN

Name of Entity

EIN

**This coversheet is used as verification of the requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related question, please contact 800-829-1040**

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