


FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000001135

1. Entity Name

SALZUB CORPORATION





Principal Place of Business	Mailing Address
7875 - 137TH STREET SEMINOLE FL 33776	7875 - 137TH STREET SEMINOLE FL 33776

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE		CR2E034 (10/07)	
4. FEI Number	20-0613564	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TAUFIQ, ZUBAIR 7875 - 137TH STRETT SEMINOLE FL 33776	Name
	Street Address
	City

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
FL	Zip Code

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 the applicable: (NOTE: Registered Agent's signature required when consensual) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TAUFIQ, ZUBAIR 7875 - 137TH STREET SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TAUFIQ, SALEMOHAMED 7875 - 137TH STREET SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000317279 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/14/08-80085-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: Zubair (Amro) 2/3/08 727-584-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR