

**2003 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000042300**

1. Entity Name

**SALVI ENTERPRISES CORP.**

Principal Place of Business

Mailing Address

501 Brickell Key Dr, Suite 400  
Miami, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**USA**

4. FEI Number

**65-0416664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**Nelson Slosbergas  
501 Brickell Key Drive, Suite 400  
Miami, FL 33131**7. Name and Address of New Registered Agent**Name **NS Corporate Services Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**501 Brickell Key Drive, Suite 400**City **Miami****FL**Zip Code **33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fee**11. OFFICERS AND DIRECTORS**

TITLE	DSP	<input type="checkbox"/> DELETE
NAME	BUKAHI, SALIM T.	
STREET ADDRESS	501 Brickell Key Drive, Suite #400	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	BUKAHI, LEILA	
STREET ADDRESS	501 Brickell Key Drive, Suite #400	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Wolak, Alexandre	
STREET ADDRESS	501 Brickell Key Drive, Suite 400	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. 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 annual report or supplemental annual 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,

SIGNATURE: \_\_\_\_\_

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90701 008 \*\*\*150.00

11001000



DO NOT WRITE IN THIS SPACE