

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90145 032 ***150.00

DOCUMENT # P93000049958

1. Entity Name
SALDI ENTERPRISES, INC.



Principal Place of Business
**202 W HILLSBORO BLVD.
FT. LAUDERDALE FL 33441**

Mailing Address
**130 SW 1 AVE
DANIA FL 33004**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

PO BOX 266166
Suite, Apt. #, etc.

PO BOX 266166
Suite, Apt. #, etc.

City & State
WESTON FL

City & State
WESTON FL

Zip
33326 Country
USA

Zip
33326 Country
USA

4. FEI Number
65-0423327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAMON, ROBERT
130 S.W. 1ST AVE.
DANIA FL 33004**

Name
ROBERT BRIZEL
Street Address (P.O. Box Number is Not Acceptable)
**1021 1025 DAIRY ROAD
SUITE 220**
City
MIAMI FL Zip Code
33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE
2/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAMON, ROBERT 130 SW 1 AVE DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALAMON, DIANE 130 S.W. 1ST AVE. DANIA FL 33004	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAMON, ROBERT 17530 SW 68 CT SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALAMON, DIANE 17530 SW 68 CT SOUTHWEST RANCHES FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

954 4342154

Date

Daytime Phone #