

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071612

1. Entity Name

SALH INC. OF VOLUSIA

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90111 006 ***150.00

Principal Place of Business

Mailing Address

975 GOLF AVE.
ORMOND BCH. FL 32174-7334
US

975 GOLF AVE.
ORMOND BCH. FL 32174-7422
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALH, MALKIT
474 LEEWAY TRAIL
ORMOND BEACH FL 3

→ 32174-2563

Name

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

City

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.

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 Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SALH, MALKIT
STREET ADDRESS 474 LEEWAY TRAIL
CITY-ST-ZIP ORMOND BCH. FL 32174-2563

TITLE
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CITY-ST-ZIP 32174-2563

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MALKIT SALH

4/10/00
Date

(904) 672-7079
Daytime Phone #

CR2E034 (9/99)