

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022927

1. Entity Name

SALEM ENTERPRISES OF CENTRAL FLORIDA, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90060 012 \*\*\*150.00

Principal Place of Business

6165 CARRIER DR.  
ORLANDO FL 32819  
US

Mailing Address

6165 CARRIER DR.  
ORLANDO FL 32819  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3230679

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

SALEM, BASSAM R  
1626 OAK HILL TR  
KISSIMMEE FL 34747

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS SALEM, BASSAM R  
CITY-ST-ZIP 1626 OAK HILL TR  
KISSIMMEE FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SALAMEH, GHASSAN R  
CITY-ST-ZIP 7684 INDIAN RIDGE TR S.  
KISSIMMEE FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Bassam R. Salem  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00 (407) 252-5859  
Date Daytime Phone #

CR2E034 (1/00)

00082039

Attachment Doc # 144000040  
Salem Ent. of Cent. Fla, INC  
6165 CARRIER DR  
ORLANDO, FL. 32819  
Phone (407) 352-5859

Aug. 25, 00

Florida Dept. of State  
Division of Corporations.  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Dear Sir,

Sorry I did not receive my first notice  
to Renew the Corporation,

I am enclosing my check in the amount of  
\$150.00 with my Renewal form.

Thank you very much

Bassam R. Salem

BASSAM R. SALEM, President  
Salem Ent. of Cent. Florida, INC