

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-11-2002 90027 039 ***150.00

DOCUMENT # P94000022927		Secretary																													
1. Entity Name SALEM ENTERPRISES OF CENTRAL FLORIDA, INC.		01-11-2002 9007																													
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 Suite, Apt. #, etc.		3. Mailing Address 7684 INDIAN RIDGE TR S. KISSIMMEE, FL																													
City & State		4. FEI Number 59-3230679 ☐ Applied For Not Applicable																													
Zip	Country	Zip	Country																												
34747		34747																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent SALEM, BASSAM R 1626 OAK HILL TR KISSIMMEE FL 34747		7. Name and Address of New Registered Agent Name: AMAL A. SHARAR Street Address (P.O. Box Number is Not Acceptable): 7684 INDIAN RIDGE TRAIL South City: KISSIMMEE FL Zip Code: 34747																													
8. This 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 AMAL A. SHARAR Signature, typed or printed name of registered agent who file if applicable.		DATE 03/01/02 (NOTE: Registered Agents signature required when reinstating)																													
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, 2002 Fee will be \$550.00 Make Check Payable to Department of State																													
		10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.																													
11. OFFICERS AND DIRECTORS																															
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																															
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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) RESULVED		DATE 01/07/02																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																													

* Have Power of attorney
for AMAL A. SHARMA