2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2000 8:00 am Secretary of State DOCUMENT # **P94000072134** 1. Entity Name SALC CO. 02-16-2000 90032 050 ***150.00 Principal Place of Business Mailing Address 2345 S.W. 28TH STREET 2345 S.W. 28TH STREET MIAMI FL 33133 MIAMI FL 33133-3124 E0612801 A WARRING 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIN. NANCY Street Address (P.O. Box Number is Not Acceptable) 2345 S.W. 28TH STREET MIAMI FL 33133 Zip Code City FI 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 DATE .. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 ☐ Addition ☐ Change TITLE PD ☐ Delete TITLE NAME NAME RUSO, SYLVIO STREET ADDRESS STREET ADDRESS 3640 YACHT CLUB DRIVE, #610 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** 5 Change ☐ Addition TITI E ☐ Delete NAME RUBIN, NANCY STREET ADDRESS STREET ADDRESS 2345 S.W. 28TH STREET CITY-ST-ZIP CITY-ST-70P MIAMI FL 33133 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/3/100 3058540800

☐ Change

Addition