

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048578

1. Entity Name

SALTERNEN INTERNATIONAL, CORP.

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 012 ***150.00

0208640

Principal Place of Business
6995 NW 50ST
#2
MIAMI FL 33166
US

Mailing Address
6995 NW 50ST
#2
MIAMI FL 33166
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6965 NW 173 DR
Suite, Apt. #, etc.
1905

3. Mailing Address
6965 NW 173 DR
Suite, Apt. #, etc.
1905

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33015

Country
USA

Zip
33015

Country
USA

4. FEI Number 65-0590848

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ABOUHAMAD, SALIM A.
6995 NW 50 ST
#2
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name
ABOUHAMAD, SALIM A.
Street Address (P.O. Box Number is Not Acceptable)
6965 NW 173 DR # 1905
City
MIAMI FL Zip Code
33015

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MASIP, TERESA G 6995 NW 50 ST #2 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABOUHAMAD, SALIM A 6995 NW 50 ST #2 MIAMI FL 33166	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Masip, Teresa G. 6965 NW 173 DR # 1905 MIAMI FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABOUHAMAD, Salim A. 6965 NW 173 DR # 1905 MIAMI FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)

Division of Corporations

P.O. BOX 6327
Tallahassee, FL 32314

attachment
O# PG5000048578
BOU 61738

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **SALERVEN INTERNATIONAL, CORP.** Thank you for your courtesy in this matter.



Salim Abouhamad
President