2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600000420

1. Entity Name

SALEM MANUFACTURING, CORPORATION

ONEERI WIN	ator Acronina, com						
Principal Place o	f Business	Mailing Addres					
ROTH. ROUSSO & BENJAMIN. P.A. PH2. 9350 S. DIXIE HWY. MIAMI FL 33156 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		ROTH. ROUSSO PH2. 9350 S. DI MIAMI FL 33156 US			DO NOT WRI 4. FEI Number 65-068914 5. Certificate of Status Desired		
		3. Mailing Addr	ress				
		Suite, Apt. #,	etc.				
		City & State		4.			
		Zip	Coun	try 5.			
	6. Name and Address of Cui	rent Registered Agent		7	Name and Address of New F		
				Name			
· ·	LEONARDO A OUTH DIXIE HIGHWAY			Street Address (P.O. E	s (P.O. Box Number is Not Acceptable		
PENTH	HOUSE TWO						
MIAMI	FL 33156			City			
8. The above na	med entity submits this statem	ent for the purpose of ch	nanging its register	ed office or registered ag	gent, or both, in the State of Flo		
SIGNATURE							
Sig	nature, typed or printed name of registered	agent and little if applicable	(NOTE: Registere	d Agent signature required when r	einstating)		
	tion is eligible to satisfy its Intar ulrement and elects to do so. on back)	After I	LE NOW!!! FEE MAY 1, 2000 Fee eck Payable to D	• •	10. Election Campaign Fir Trust Fund Contributio		

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90112 034 ***150.00



ITE IN THIS SPACE

					Ì										
City & State		City & State		4. F	El Number 65-0689142	<u> </u>	olied For Applicable								
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required										
·	6. Name and Address of Current R	egistered Agent			7;-N	iame and Address of New Registered A	gent								
				Name	_										
DOTL	I LEONADDO A			<u> </u>											
ROTH, LEONARDO A 9350 SOUTH DIXIE HIGHWAY PENTHHOUSE TWO MIAMI FL 33156				Street Address (P.O. Box Number is Not Acceptable)											
											City		FL	Zip Code)
															<u> </u>
				The above r	named entity submits this statement for	the purpose of changing it	ts registere	ed office or regis	stered ag	ent, or both, in the State of Florida.					
SIGNATURE															
S	Signature, typed or printed name of registered agent ar	nd litle if applicable (NO	TE: Registere	d Agent signature requ	uired when re	instating) DATE									
<u> </u>		EII E NOVA	/111 EEE	IS \$150.00											
	ation is eligible to satisfy its intangible guirement and elects to do so.	After MAY 1, 2			in	10. Election Campaign Financing		May Be							
(See criteria	·	Make Check Paya		•	I II USI FUND CUNINDUNON. 🗀 ADDEO ID										
		_ <u></u>				L CONTROL OF THE PROPERTY AND THE PROPER	DIRECTORO	151.4.4							
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICERS AND									
TITLE	PD	☐ Delete	TITLE	· I			☐ Change	Addition							
NAME	SALEM, SALVADOR		NAM	ı											
STREET ADDRESS	16711 COLLINS AVENUE, UNIT 2	2002	•	ET ADDRESS											
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY	-ST-ZIP											
TITLE	DVS	☐ Defete	TITLE				☐ Change	Addition							
NAME	SALEM, JAIME HORACIO		NAM	E											
STREET ADDRESS	16711 COLLINS AVENUE, UNIT 2	2002	STRE	ET ADDRESS											
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY	-ST-ZiP											
TITLE	DT	□ Delete	- mu				Change -	- Addition							
NAME	SALEM, ALEJANDRO G	تا يانان ق	NAM	1				_							
STREET ADDRESS	16711 COLLINS AVENUE, UNIT 2	0002	STRE	ET ADDRESS											
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	.VUE		-ST-ZIP											
	NORTH MINIMI DEACHTE 35100		TITLE			- 	[] Change	☐ Addition							
TITLE		☐ Delete	NAM.	1			Change								
NAME >				ET ADDRESS											
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP											
							F3.01								
TITLE		☐ Delete	TITLE	1			☐ Change	Addition							
NAME			NAM	- }											
STREET ADDRESS				ET ADDRESS											
CITY-ST-ZIP			CITY	-ST-ZIP											
TITLE		☐ Delete	TITLE	€ }			🔲 Change	☐ Addition							
NAME]			NAM	E											
STREET ADDRESS			STRE	ET ADDRESS											
CITY-ST-ZIP			CITY	-ST-ZIP											
40 11	artiful that the information available with	this filing does not qualify t	ior the ave	motion stated in	Section	119,07(3)(i), Florida Statutes, I further cert	ify that the in	formation							

indicated on this report or supplemental report is true and accurate 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 Irustee 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.

iguired PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR