

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90174 033 ***150.00

DOCUMENT # P96000000420

1. Entity Name
SALEM MANUFACTURING, CORPORATION

Principal Place of Business ROTH, ROUSSO & BENJAMIN, P.A. PH2, 9350 S. DIXIE HWY. MIAMI FL 33156 US	Mailing Address ROTH, ROUSSO & BENJAMIN, P.A. PH2, 9350 S. DIXIE HWY. MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3440 Hollywood Blvd Suite, Apt. #, etc. SUITE 360 City & State Hollywood, FL Zip 33021 Country USA	3. Mailing Address 3440 Hollywood Blvd Suite, Apt. #, etc. SUITE 360 City & State Hollywood, FL Zip 33021 Country USA
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4. FEI Number 65-0689142	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A
~~9350 SOUTH DIXIE HIGHWAY~~
~~PENTHOUSE TWO~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood Blvd
SUITE 360
 City
Hollywood FL Zip Code
33021

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 Leonardo A. Roth **Leonardo A. Roth** 2/5/01
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	PD SALEM, SALVADOR 16711 COLLINS AVENUE, UNIT 2002 NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SALEM, JAIME HORACIO 16711 COLLINS AVENUE, UNIT 2002 NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALEM, ALEJANDRO G 16711 COLLINS AVENUE, UNIT 2002 NORTH MIAMI BEACH FL 33160 <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	<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 only, or otherwise empowered.

SIGNATURE Salem Salvador, P. **Salem Salvador, P.** 305 6709994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #

UBR 010

CR2E034 (10/00)