

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90118 026 \*\*\*150.00

**DOCUMENT # P96000020332**

1. Entity Name  
**SALMA LAKE DEVELOPERS, INC.**

Principal Place of Business

**10060 SW. 134ST.  
 MIAMI FL 33177  
 US**

Mailing Address

**10060 SW. 134ST.  
 MIAMI FL 33177  
 US**

2. Principal Place of Business

**782 NW 42 AVE**

Suite, Apt. #, etc.

**Suite 340**

City & State

**miami FL**

Zip

**33126**

Country

**USA**

3. Mailing Address

**782 NW 42 AVE**

Suite, Apt. #, etc.

**Suite 340**

City & State

**miami FL**

Zip

**33126**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0663868**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERO, ESTELA  
 10060 S.W. 134ST.  
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **Estela Rivero**

Street Address (P.O. Box Number is Not Acceptable)

**782 NW 42 Ave**

**Suite 340**

City **miami FL**

Zip Code **33126**

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 **Estela Rivero**

**4-24-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

☒ 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 Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE **PTD**  
 NAME **RIVERO, ARMANDO**  
 STREET ADDRESS **10060 SW 134 ST.**  
 CITY-ST-ZIP **MIAMI FL 33165**

☐ Delete

TITLE **VSD**  
 NAME **EVORA, ARMANDO**  
 STREET ADDRESS **6600 SW 94 CT**  
 CITY-ST-ZIP **MIAMI FL 33173**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD**  
 NAME **Estela Rivero**  
 STREET ADDRESS **782 NW 42 AVE**  
 CITY-ST-ZIP **miami FL 33126**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ 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 **Armando Rivero** **4/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)