

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90362 014 ***150.00

DOCUMENT # P96000042628

1. Entity Name
S.I.I.A. CORP.

Principal Place of Business

~~3440 HOLLYWOOD BLVD., SUITE 300~~
~~HOLLYWOOD FL 33021~~

Mailing Address

~~3440 HOLLYWOOD BLVD., SUITE 300~~
~~HOLLYWOOD FL 33021~~

DELETE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1250 E. HOLLYWOOD BLVD. APT. 607

3. Mailing Address

SAME AS PLACE OF BUSINESS

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

4. FEI Number

65-0671208

Applied For

☐ Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
3440 HOLLYWOOD BLVD., SUITE 300
HOLLYWOOD FL 33021

DELETE

7. Name and Address of New Registered Agent

Name *AMAR SALMAN*
Street Address (P.O. Box Number is Not Acceptable) *1250 E. HOLLYWOOD BLVD. APT. 607*
City *HOLLYWOOD* **FL** **Zip Code** *33009*

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]

AMAR SALMAN

04/09/01

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, 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

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SALMAN, AMAR	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 300	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	ARONSON, JUDITH	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 300	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMAR SALMAN	
STREET ADDRESS	1250 E. HOLLYWOOD BLVD. APT. 607	
CITY-ST-ZIP	HOLLYWOOD, FL. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01

Date

(954) 458-0001

Daytime Phone #

CR2E034 (9/01)