

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045944

1. Entity Name

MICHAEL SALVADOR DESIGN & MANUFACTURING, INC.

FILED

00 NOV 20 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

Principal Place of Business

2293 W. 77TH ST.
HIALEAH FL 33016

Mailing Address

2293 W. 77TH ST.
HIALEAH FL 33016

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0677977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTIZO, MIGUEL S
2293 W. 77TH ST.
HIALEAH FL 33016

Name

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

City

FL

Zip Code

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

11-13-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CORTIZO, MIGUEL S
STREET ADDRESS 2293 W. 77TH ST.
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME CORTIZO, MIGUEL
STREET ADDRESS 2293 W 77 ST
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003491142-0
-12/07/00--01079--007
****758.75 ****758.75

TITLE ST
NAME TAWIL-MATIAS, MARGARITA
STREET ADDRESS 2293 W 77 ST
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
LS

TITLE D
NAME CORTIZO, TITA
STREET ADDRESS 2293 W 77 ST
CITY-ST-ZIP HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-00

CR2E034 (5/00)

0028119