

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90385 016 ***150.00

0288754 AV

DOCUMENT # P97000000497

1. Entity Name
SALCAR CORPORATION

Principal Place of Business
19401 WEST DIXIE HIGHWAY
MIAMI FL 33180

Mailing Address
19401 WEST DIXIE HIGHWAY
MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **65-0721670**

☐ **Applied For**
☐ **Not Applicable**

Zip **33180**

Country **MIAMI DADE**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSFELD, SALOMON
14652 BISCAYNE BOULEVARD
NORTH MIAMI FL 33181

NEW ADDRESS

Name

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

19401 W DIXIE HWY

City

MIAMI

FL

Zip Code **33180**

8. The above named entity is hereby certifying the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
 Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is electing 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **GROSFELD, SALOMON**
STREET ADDRESS **14652 BISCAYNE BOULEVARD**
CITY-ST-ZIP **NORTH MIAMI FL 33181** *NEW ADDRESS*

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **19401 W DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ **Delete**
NAME **GROSFELD, JAIME**
STREET ADDRESS **1070 SOUTH SHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33141** *NEW ADDRESS*

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **13390 BISCAYNE BAY DR**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ **Change** ☐ **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

Date

Daytime Phone #

CR2E034 (9/01)