

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019972

1. Entity Name

NARLEY SALTY DOG DESIGNS & ENG., INC.

Principal Place of Business

2061 N.W. 14 STREET
MIAMI FL 33125

Mailing Address

2061 N.W. 14 STREET
MIAMI FL 33125

2. Principal Place of Business

2061 NW 14th St.

3. Mailing Address

2061 NW 14th St.

Suite, Apt. #, etc.

DOCK B

Suite, Apt. #, etc.

DOCK B

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33125

Country

DADE USA

Zip

33125

Country

USA

6. Name and Address of Current Registered Agent

OMELSANIVK, MIROSLAW
C/O 2061 N.W. 14 STREET
MIAMI FL 33125

4. FEI Number

59-3433713

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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

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	VP	<input checked="" type="checkbox"/> Delete
NAME	OMELSANIVK, MIROSLAW	
STREET ADDRESS	C/O 2061 N.W. 14 STREET	
CITY- ST- ZIP	MIAMI FL 33125	
TITLE	PC	<input type="checkbox"/> Delete
NAME	FRITTS, H	
STREET ADDRESS	2061 NW 14TH ST.	
CITY- ST- ZIP	MIAMI FL 33125	
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		<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		
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: *CH Fritts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RH FRITTS PC

1/22/01

305-636-2695

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90061 037 ***150.00

754966



DO NOT WRITE IN THIS SPACE

0142632

CR2E034 (10/00)