2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

P97000019972

Principal Place of Business 2061 NW 14TH ST. DOCK B

MIAMI FL 33125

1. Entity Name

Mailing Address 2061 NW 14TH ST.

DOCK B MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NARLEY SALTY DOG DESIGNS & ENG., INC.

City & State Country

6. Name and Address of Current Registered Agent

Zip

Country

4. FEI Number

59-3433713

FILED

Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90678 019 ***150.00

☐ CHECK HERE IF MAKING CHANGES

UVMUUUL

Applied For Not Applicable

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

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

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. I am familiar with, and accept

SIGNATURE

(=

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME FRITTS, H ☐ Addition NAME STREET ADDRESS 2061 NW 14TH ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33125** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if

SIGNATURE: