2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
06-28-2001 90001 039 ***150.00

DOCUMENT # P97000025423

1. Entity Name

Sal Prives, Inc.

Principal Place of Business | Mailing Address

I AM EMPLOYED BY A
NOT ACTIVE ~~PRE~~-CEMENT COMPANY
HEAD QUARTERED IN JACKSONVILLE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5930 NW 88TH Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TAMARAC FLA
Zip / Country	Zip 33321 / Country BROWARD

4. FEI Number NONE — ☐ Applied For ☑ Not Applicable

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
MICHAEL S. DAVIS ESQ.	Name
2311 NORTH ANDREWS AVE	Street Address (P.O. Box Number is Not Acceptable)
WILTON MANORS FLA. 33311	
954-566-9919	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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ATTORNEY - DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICHAEL S. DAVIS	NAME	
STREET ADDRESS	2311 NORTH ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33311	CITY-ST-ZIP	
TITLE	OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAL FARINATO	NAME	
STREET ADDRESS	5930 NW 88TH AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	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		NAME	
STREET ADDRESS	NO OTHERS	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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Sal Farinato — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-2001

Daytime Phone #: 954 426-3000