

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90122 012 ***150.00

0090559

DOCUMENT # P97000037914

1. Entity Name

EVELYN SALERNO, P.A.

Principal Place of Business

18020 N.W. 78TH COURT
HIALEAH FL 33015

Mailing Address

18020 N.W. 78TH COURT
HIALEAH FL 33015

2. Principal Place of Business

3228 BEECHBERRY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3228 BEECHBERRY CIRCLE

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

US

Zip

33328

Country

US

6. Name and Address of Current Registered Agent

SALERNO, EVELYN
18020 N.W. 78TH COURT
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

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

3228 BEECHBERRY CIRCLE

City

DAVIE

FL

Zip Code

33328

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME SALERNO, EVELYN
STREET ADDRESS 18020 N.W. 78TH COURT
CITY-ST-ZIP HIALEAH FL 33015TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3228 BEECHBERRY CIRCLE
CITY-ST-ZIP DAVIE FL 33328TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Evelyn Salerno (Evelyn Salerno)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 954-915-0851

Date

Daytime Phone #

CR2E034 (10/00)