

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90063 010 ***150.00

DOCUMENT # P97000100131

1. Entity Name
SALER, INC. OF PALM BEACH

Principal Place of Business Mailing Address
~~958 SO. DIXIE HIGHWAY~~ ~~958 SO. DIXIE HIGHWAY~~
LANTANA FL 33462 **LANTANA FL 33462**

4 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
934 S. DIXIE HWY **934 S. DIXIE HWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LANTANA FL **LANTANA FL**
 Zip Country Zip Country
33462 **USA** **33462** **USA**

4. FEI Number Applied For
65-0796033 Not Applicable

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

6. Name and Address of Current Registered Agent
HYTTINEN, UNTO
~~958 SO. DIXIE HIGHWAY~~
~~LANTANA FL 33462~~

7. Name and Address of New Registered Agent
 Name **UNTO HYTTINEN**
 Street Address (P.O. Box Number is Not Acceptable)
934 S. DIXIE HWY
 City State Zip Code
LANTANA FL 33462

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 DATE **3/26/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	HYTTINEN, UNTO
CITY-ST-ZIP	706 GROVE STREET
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/26/02**
 DAYTIME PHONE #

US35020 AV CR2E034 (9/01)