

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002028

1. Entity Name
SALANDAL, INC.

Principal Place of Business
1085 FRAUKLIN ST
MONTEREY CA 93940

Mailing Address
1085 FRAUKLIN ST
MONTEREY CA 93940

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 25 PM 4:08



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 RASKIN 1501 VENERA

3. Mailing Address
1085 FRANKLIN ST.

Suite, Apt. #, etc.
#213

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
MONTEREY, CA

4. FEI Number
65-0809530

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
93940

Country
USA

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

RASKIN, BJ
1501 VENERA 213
CORAL GABLES FL 33148

Name

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

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]

9-12-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SUERO, DAVID T
1085 FRANKLIN ST
MONTEREY CA 93940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SUERO, JOANNA S
1085 FRANKLIN ST
MONTEREY CA 93940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004614427-8
-09/27/01--01092--019
***550.00 ***550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Debit Phone #

0148900 56

CR2E034 (5/01)