

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000004628**
 1. Entity Name **S.L.F. SALES LINKED FINANCE Inc.**

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90037 002 ***150.00

720249

Principal Place of Business Mailing Address
2699 Stirling Rd.
C403D
FT LAUDERDALE, FL. 33312

2. Principal Place of Business **S31 RACQUET CLUB RD**
 Suite, Apt. #, etc. **#42**
 City & State **Weston FL**
 Zip **33326** Country **FLORIDA**

3. Mailing Address **S31 RACQUET CLUB RD**
 Suite, Apt. #, etc. **#42**
 City & State **Weston, FL**
 Zip **33326** Country **FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0804665** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

CUETER, CARLOS A.
2699 Stirling Rd. Ste C403D
FL LAUDERDALE FL. 33312 US

7. Name and Address of New Registered Agent

Name **Carlo Andres Cueter**
 Street Address (P.O. Box Number is Not Acceptable) **S31 Racquet Club Rd #42**
 City **Weston** State **FL** Zip Code **33326**

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

3/11/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CUETER CARLOS A	
STREET ADDRESS	2699 Stirling Rd. Ste C403D	
CITY-ST-ZIP	FL LAUDERDALE, FL. 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOCARRAS LUIS A	
STREET ADDRESS	2699 Stirling Rd Ste C403D	
CITY-ST-ZIP	FL LAUDERDALE, FL. 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUETER ORLANDO	
STREET ADDRESS	2699 Stirling Rd. Ste C403D	
CITY-ST-ZIP	FL LAUDERDALE, FL. 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ JUAN P	
STREET ADDRESS	2699 Stirling Rd Suite C403D	
CITY-ST-ZIP	FL LAUDERDALE FL. 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00

Date

(954) 963-9288

Daytime Phone #

CR25034 (9/00)