

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-22-2002 90143 014 ***150.00

DOCUMENT # P98000012206

1. Entity Name

SHALOM PRODUCTS, INC.

Principal Place of Business

Mailing Address

7700 NW 74 AVE
BAY #2
MEDLEY FL 33166

~~782 NW LEJEUNE ROAD~~
~~SUITE 548~~
~~MIAMI FL 33126~~

2. Principal Place of Business

3. Mailing Address

7700 NW 74 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 2

City & State

City & State

Medley, FL

Zip

Country

Zip

Country

33166**USA**

4. FEI Number

65-0811196

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

~~MARQUEZ JOSE M~~
~~782 NW LEJEUNE RD~~
~~STE 548~~
~~MIAMI FL 33126~~

Name

RUFINO, Alicia

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

7700 NW 74 Avenue - Bay # 2

City

Miami**FL**Zip Code
33166

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

06/17/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUFINO, ALICIA 7700 NW 74 AVENUE., BAY #2 MEDLEY FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. DEMETRIO J. PELAEZ 7700 N.W. 74 Avenue, Bay # 2 MEDLEY, FL. 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Daytime Phone #

CR2E034 (9/01)