

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90056 009 ***158.75

DOCUMENT # P98000017953

1. Entity Name
SALUSANNA SERVICES, INC.

Principal Place of Business

Mailing Address

~~8209 NW 60TH STREET~~
MIAMI FL 33166

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MIAMI FL 33166

429142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17707 N.W. MIAMI CT
 Suite, Apt. #, etc.

17707 N.W. MIAMI CT
 Suite, Apt. #, etc.

City & State

City & State

MIAMI

MIAMI

Zip **33169** Country **USA**

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4. FEI Number **65-0827320**

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

SALOCCHI, STEFANO
2741 OCEAN CLUB BLVD
#304
HOLLYWOOD FL 33019

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, 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, 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

TITLE **D** ☐ Delete
 NAME **SALOCCHI, STEFANO**
 STREET ADDRESS **2741 OCEAN CLUB BLVD., #304**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE ☐ Delete
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 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

04/23/02 (305) 970 7154
 Date Daytime Phone #