

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 009 ***158.75

DOCUMENT # **P98000017953**

1. Entity Name
SALUSANNA SERVICES INC.



DO NOT WRITE IN THIS SPACE

11040734

2. Principal Place of Business
401 GOLDEN ISLES DR.

3. Mailing Address
401 GOLDEN ISLES DR.

Suite, Apt. #, etc.
1108

Suite, Apt. #, etc.
1108

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE BEACH FL.

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HALLANDALE BEACH FL.

4. FEI Number
65-0827320

Applied For
Not Applicable

Zip
33009

Country
USA.

Zip
33009

Country
USA.

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SALOCCHI, STEFANO

Street Address (P.O. Box Number is Not Acceptable)
401 GOLDEN ISLES DR # 1108

City & State
HALLANDALE BEACH FL 33009-7525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P STEFANO SALOCCHI
401 GOLDEN ISLES DR. # 1108
HALLANDALE BEACH, FL. 33009.**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Stefano Salocchi (President)** 04/30/03 (305) 588-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)