

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90087 049 ***150.00

DOCUMENT # P98000021198

1. Entity Name

SALAAM ENTERPRISES, INC.

D.B.A

CAREER CONNECTIONS

Principal Place of Business

9385 NORTH 56TH ST
SUITE 311
TAMPA FL 33617
US

Mailing Address

9385 NORTH 56TH ST
SUITE 311
TAMPA FL 33617-5505
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9385 N 56TH STREET

Suite, Apt. #, etc.

Suite 311

City & State

TAMPA, FL

Zip 33617

Country U.S.A

3. Mailing Address

9385 N 56TH STREET

Suite, Apt. #, etc.

Suite 311

City & State

TAMPA, FL

Zip 33617

Country U.S.A

4. FEI Number

59-3507813

☒ Applied For
☐ Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHARAR, NOUREDDINE
15420 LIVINGSTON AVE
APT 2608
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

SAME

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

6805 ORIENT ROAD

City

TAMPA

FL

Zip Code

33617

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

NOUREDDINE MEHARAR

PRESIDENT

1/31/2000

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, 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 VP
NAME MEHARAR, LYNNE
STREET ADDRESS 15480 LIVINGSTON AVE APT 2608
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6805 ORIENT ROAD
CITY-ST-ZIP TAMPA, FL 33617 ☒ Change ☐

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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

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

SIGNATURE:

MEHARAR, NOUREDDINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (813) 8792821

Date

Daytime Phone #