

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90355 017 ***150.00

DOCUMENT# P98000042699

1. Entity Name
SAAL TRUST INVESTMENTS CORP.

Principal Place of Business
**21251 NE 3RD CT.
 NORTH MIAMI BEACH FL 33179**

Mailing Address
**21251 NE 3RD CT.
 NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business
17001 GOWDS LANE

3. Mailing Address
3343 NE 171 STREET

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.

City & State
SUNNY ISLES BEACH, FL

City & State
N. MIAMI BEACH, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

4. FEI Number **65-0839420**

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

**ROUSSO, MARK ESQ
 C/O ROTH & ROUSSO, P.A.
 9350 SOUTH DIXIE HWY, PH 2
 MIAMI FL 33156**

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, 2001 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 **DPVT** ☐ Delete
 NAME **SAAL, JOSE NORBERTO**
 STREET ADDRESS **17044 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE **S** ☐ Delete
 NAME **SAAL, JOSE NORBERTO**
 STREET ADDRESS **17044 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)