

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90450 049 ***150.00

DOCUMENT # P98000052194

1. Entity Name

SALLEN & CO, INC.

Principal Place of Business

Mailing Address

14271 TEMPLE BLVD.
 MIAMI FL 33470-5220

P.O. BOX 161853
 MIAMI FL 33116-1853

2. Principal Place of Business

3. Mailing Address

14271 Temple Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Loxahatchee, FL

Zip

Country

Zip

Country

33470-5220

4. FEI Number

65-0845638

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

LOPEZ, SOPHIA A
 8231 S.W. 152 AVENUE, W. #6
 MIAMI FL 33193

Name

Derrick Allen

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

14271 Temple Blvd

City

Loxahatchee

FL

Zip 33470

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, DERRICK A	
STREET ADDRESS	14271 TEMPLE BLVD.	
CITY-ST-ZIP	LOXACHTE FL 33270	
TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, SOPHIA A	
STREET ADDRESS	8231 S.W. 152 AVENUE W. #6	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LYN, TREVOR M	
STREET ADDRESS	145 SUMMIT AVE.	
CITY-ST-ZIP	MT. VERNON NY 10550	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, CAROL	
STREET ADDRESS	15300 S.W. 134 PL. #201	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Allen	
STREET ADDRESS	14271 Temple Blvd	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Allen	
STREET ADDRESS	14271 Temple Blvd	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

4/22/00

561 791-9857

CR2E034 19/99