

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 03, 2000 8:00 am
Secretary of State

07-13-2000 90010 013 ***150.00

08-03-2000 90001 028 ***400.00

DOCUMENT # P98000102768

1. Entity Name

SALSA'S, INC.

Principal Place of Business

715 NORTH DIXIE HWY
STUART FL 34994

Mailing Address

715 NORTH DIXIE HWY
STUART FL 34994-1016
US

2. Principal Place of Business

715 N. DIXIE HWY

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as above

City & State

Stuart, FL

City & State

Same as above

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-0880103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, DANIEL
715 NORTH DIXIE HWY
STUART FL 34994

7. Name and Address of New Registered Agent

Name FELIPE SUAREZ

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

1142 SW 30th St

City

PALM CITY

FL

Zip Code 34990

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

Felipe Suarez

Daniel Acosta

3-12-00

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

(NOTE: Registered Agent signature required when reappointing)

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	D	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, MARIO	
STREET ADDRESS	1142 SW 30 ST.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, ANNA	
STREET ADDRESS	1142 SW 30 ST.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, DANIEL	
STREET ADDRESS	% 715 N. DIXIE HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, BELLA	
STREET ADDRESS	% 715 N. DIXIE HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	MANAGER/INVENTORY	Change <input checked="" type="checkbox"/> Addition
NAME	FELIPE SUAREZ TALON	
STREET ADDRESS	1142 SW 30th St, Palm City, FL 34990	
CITY-ST-ZIP		
TITLE	MANAGER/SERVICE/ADDRESS	Change <input checked="" type="checkbox"/> Addition
NAME	TINA HERNANDEZ	
STREET ADDRESS	1142 S.W. 30th St, Palm City, FL 34990	
CITY-ST-ZIP		
TITLE	MANAGER/STOCK/SUBS	Change <input type="checkbox"/> Addition
NAME	Anna Suarez	
STREET ADDRESS	1142 S.W. 30th St, PALM CITY, FL 34990	
CITY-ST-ZIP		
TITLE	MANAGER/FOOD SUPPLIES	Change <input checked="" type="checkbox"/> Addition
NAME	FID HERNANDEZ / ORDERING	
STREET ADDRESS	1142 S.W. 30th St, PALM CITY, FL 34990	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Felipe Suarez

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561-692-3942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #