FOR PROFIT CORPORATION Amended
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102768

1. Entity Name

SALSA'S INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
715 N. DIXIE HWY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State
Zip: 34997 Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650880103 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SUAREZ, FELIPE A.

Street Address (P.O. Box Number is Not Acceptable): 715 N. DIXIE Hwy

STUART, FL 34997

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

SIGNATURE: _____ 4/25/03

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 D	715 N. Dixie Hwy	600001884325
NAME	Stuart, FL. 34997	-05/13/03--01061--013 ****61.25
STREET ADDRESS	FELIPE SUAREZ	
CITY-ST-ZIP		
TITLE D	715 N. Dixie Hwy	
NAME	Stuart, FL. 34997	
STREET ADDRESS	Anna M. S. Hernandez	
CITY-ST-ZIP		
TITLE D	715 N. Dixie Hwy	
NAME	Stuart, FL. 34997	
STREET ADDRESS	R. Bella Acosta	
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034B (12/02)

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 11 with an indication of the office I hold in the corporation.

SIGNATURE: _____ Felipe Suarez 4/25/03 772-692-3942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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