

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000055582**

1. Entity Name

SALAMANDRA, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90141 005 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1 CENTURY LANE

3. Mailing Address

1699 CORAL WAY

Suite, Apt. #, etc.

APT. 508

Suite, Apt. #, etc.

STE. 512

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL.

Zip

33139

Country

Zip

33145

Country

4. FEI Number

65-0929340

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

Name

RITA M. MARTINEZ-CID

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

1699 CORAL WAY STE. 512

City

MIAMI

FL

Zip Code **33145**

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)

3/7/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P SAMUEL SASSON
STREET ADDRESS		STREET ADDRESS	1 CENTURY LANE APT 508
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	VP RENEE R. MASCONA SASSON
STREET ADDRESS		STREET ADDRESS	1 CENTURY LANE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 changes indicated.

SIGNATURE: **SAMUEL SASSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

305 859-7494

Daytime Phone #

CR2E034 (9/99)