

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091023

1. Entity Name

SALMA INVESTMENTS, INC.

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

05-01-2000 90436 016 ***150.00

Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 711
 CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 711
 CORAL GABLES FL 33134-5108

2. Principal Place of Business

4131 LAGUNA ST

3. Mailing Address

4131 LAGUNA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0966355

Applied For

Not Applicable

Zip

33146

Country

U.S.

Zip

33146

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE, SUITE 711
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

LILIANA V. AVELLAN, EX

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

201 ALHAMBRA CIRCLE

City

CORAL GABLES

FL

Zip Code

33134

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

4-28/00

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	PD	<input type="checkbox"/> Delete
NAME	PINEIRO, SALUSTIANO	
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 711	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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"/> 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	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO H. MARTINEZ	
STREET ADDRESS	4131 LAGUNA ST	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL V. POSE	
STREET ADDRESS	4131 LAGUNA ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
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		
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:

MANUEL V. POSE

4/28/00

Date

305 446 1166

Daytime Phone #

CR2E034 (9/99)