

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096353

Entity Name
SALVADOR CONSTRUCTION INC.

Principal Place of Business

HEATHER LAKE TERRACE
E FL 34758

Mailing Address

5016 HEATHER LAKE TERRACE
KISSIMMEE FL 34758

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 12:14



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1558 North Kelley Ave
Apt. #, etc.

3. Mailing Address

1558 North Kelley Ave
Suite, Apt. #, etc.

City/State
Kissimmee, FL

City/State
Kissimmee, FL

4. FEI Number 59-3606679

Applied For
Not Applicable

Zip 34744 Country USA

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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

GIRON, SALVADOR
5016 HEATHER LAKE TERRACE
KISSIMMEE FL 34758

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I, 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

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, 2001 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME ADDRESS CITY-STATE-ZIP	P GIRON, SALVADOR 5016 HEATHER LAKE TERRACE KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	60000462216-6 -10/03/01-01071-016 *****550.00 *****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

Salvador Giron, President 8/3/01 (407) 846-8274

CR2E034 (10/00)