## UNIFORM BUSINESS REPORT (UBR)

NT # **P99000099594** 

1. Entity Name

SALCINES INVESTMENTS, INC.

FILED Apr 24, 2000 8:00 am Secretary of State 02-02-2000 90033 034 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE							02	-02-2000 300	755 054	130.00
MAMI FL 20134  2. Principal Place of Business  3. Mailing Address  Sute, Apr. # etc.  City & State  City & City & State  City &	·		-	·	****					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE										
Suite. Apt. #, etc.    Suite. Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2. Principal Place of Busin	ness	3. Mailing Address							
City & State  Ci							T 1\$8116-74 ton 18410 tärkt Bütli masti matti matti fülle füllet attin 18411 etat innt.			
SACINES   DAMARIS   Steer Address of Current Registered Agent   St. Certificate of Status Desired   \$8.75 Additional   \$8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NO	OT WRITE IN THIS	SPACE	
S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SACINES; DAMARIS 4300 WEST FLAGLER STREET  MAMI FL 33134  CIV. 1 CV 2 CV 2	City & State City & State						4. FEI Number   Applied For   65-0976718   Not Applicable			
SALCINES; DAMARIS 4300 WEST FLAGLER STREET MIAMI FL 33134	Zip Country Zip			Count	ry	5. (				
SALCINES; DAMARIS 4300 WEST FLAGLER STREET  MAMI FL 33134  Street Address (P.D. Box Number is Not Acceptable)  4300 West Flagler Streat, Suite, log  City Law 1  FL Zip Code 33734  8. The above narried at the Address of the Address (P.D. Box Number is Not Acceptable)  4300 West Flagler Streat, Suite, log  City Law 1  FL Zip Code 33734  8. The above narried at the Address of the A	6. Name and Address of Current Registered Agent									
## A300 WEST FLAGLER STREET    MAMI FL 33134	041.00150	144710		. ====	_Name		,			
8. The above named allow statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    SIGNATUR	4300 WEST FL	AGLER STREET			Street Ad 4300	west	Box Number is Not Acc Flag lex 51	eptable) Rex, Scit	e, 102	
8. The above named while burble this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Variable					City	ami		F	Zip Cod	le T
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  Alter MAY 1, 2000 Fee will be \$\$550.00  Alter MAY 1, 2000 Fee	8. The above named phtij	submits this statement for the	ne purpose of changing its	registere			ent, or both, in the Sta	te of Florida.	<u> </u>	<u>J_7</u>
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  Alter MAY 1, 2000 Fee will be \$\$550.00  Alter MAY 1, 2000 Fee	(/){	<i>/                                    </i>		-			•			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE SALCINES, DAMARIS  13. SALCINES, DAMARIS  3400 WEST FLAGLER STREET  MIAMI FL 33134  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  D	SIGNATURE Signal View						emstation)			
Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2000   Fee will be \$550.00     Make Check Payable to Department of State			<del>                                     </del>						<del></del>	
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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 of supplied entire that I am an officer or direction this report of supplied entire that I am an officer or direction.	13. I hereby certify that t	ort or supplemental report is t	true and accurate and that	or the exe	emption sta	ave the same	e lenat effect as it mad	e undet dath: tha	t Lam an office	ar or director
of the corporation or the receiver of rustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block changed, or on an attachment winder address, with all other like empowered.	of the corporation or changed, or on an a	the receiver of rustee empoy trackment with an address, wi	vered to execute this repor ith all other like empowered	rtais recqu d.	ired by Cha	apter 607, Flo	rida Statutes; and that	ту пате арреа	s in Block 11 o	or Block 12 if

FORE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR