

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90041 028 ***150.00

DOCUMENT # P99000103207

1. Entity Name
SELAM INC.

Principal Place of Business

Mailing Address

6075 N. SABAL PALM BOULEVARD
SUITE 113D
TAMARAC FL 33319

6075 N. SABAL PALM BOULEVARD
SUITE 113D
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

6075 N. Sabal Palm Blvd
 Suite, Apt. #, etc.
Suite # 203D
 City & State
TAMARAC Florida

6075 N. Sabal Palm Blvd
 Suite, Apt. #, etc.
Suite # 203D
 City & State
TAMARAC Florida

Zip
33319 Country
Broward

Zip
33319 Country
Broward

6. Name and Address of Current Registered Agent

4. FEI Number **65-0977132**

Applied For
 Not Applicable

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

HABONA, FAUD I
6075 N. SABAL PALM BOULEVARD
SUITE 113D
TAMARAC FL 33319

Name

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

City **FL** **Zip Code**

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☒ **Delete**
NAME **HABONA, FAUD I**
STREET ADDRESS **6075 N. SABAL PALM BOULEVARD, SUITE 113D**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **HABONA, FAUD I**
STREET ADDRESS **6075 N. Sabal Palm Blvd suite 203D**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2001 **954 95-6385**
 Date Daytime Phone #

0066963 AV

CR2E034 (5/01)

Attachment # ~~DP9800103207~~
To whom it may concern
C0073073

I have received the 2001
Uniform Business Report
where the renewal and
penalty charge amounts to
\$550.00. However, I have
not received a report prior
to this one and hope you
accept the check I have
enclosed for the amount of
\$150.00 as a full payment.

Sincerely,
Fuad Habona
7/19/2001