2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90024 050 ***150.00

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908339

DO NOT WRITE IN THIS SPACE

1. Entity Name
SALCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
19210 EAST OAKMONT DRIVE MIAMI FL 33015	19210 EAST OAKMONT DRIVE MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
2480 Hammondville	2480 HAMMONDVILLE ROAD
Suite, Apt. #, etc. #12	Suite, Apt. #, etc. #12
City & State Pompano Beach, Fl	City & State POMPANO Beach, Fl
Zip 33069 Country USA	Zip 33069 Country USA

4. FEI Number 65-0965757 ☐ 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
SHAPIRO, SHELDON 19210 EAST OAKMONT DRIVE MIAMI FL 33015	Name Street Address (P.O. Box Number Not Acceptable) 9400 ABBOTT AVE City SURFSIDE FL Zip Code 33154

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 Sheldon L Shapiro 1-19-01
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 $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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAPIRO, SHELDON 19210 EAST OAKMONT DRIVE MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9400 ABBOTT AVE SURFSIDE, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAPIRO, JUDITH 19210 EAST OAKMONT DRIVE MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9400 ABBOTT AVE SURFSIDE, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COTE, SERVE 2480 HAMMONDVILLE ROAD #12 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition COTE, SERGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COTE, NANCY 2480 HAMMONDVILLE ROAD #12 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Judith M Shapiro Judith M. Shapiro Sec. 1-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-864-1803
Daytime Phone #