

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA9000109200**

1. Entity Name

Unique Seasonings, Inc.

FILED

01 SEP 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/04/01--01053--002

***558.75 ***558.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

1371 S.W. 22nd Terr.

Suite, Apt. #, etc.

3. Mailing Address

1371 SW. 22nd Terr.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33145

Country

Zip

33145

Country

4. FEI Number

65-0968391

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Jose Salgado
2280 Coral Way
Miami, Fla 33133**

7. Name and Address of New Registered Agent

Name

Cecilia Salgado

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

1371 SW 22nd Terrace

City

Miami

FL

Zip Code

33145

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

Jose Salgado

Signature, typed or printed name of registered agent and title if applicable.

Cecilia Salgado

(NOTE: Registered Agent signature required when reappointing)

9/12/01

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	☒ Delete
NAME	Elvira Salgado
STREET ADDRESS	3598 SW 28th St.
CITY-ST-ZIP	Miami, FL 33133
TITLE	☒ Delete
NAME	Jose Salgado
STREET ADDRESS	3598 SW 28th St.
CITY-ST-ZIP	Miami, FL 33133
TITLE	☒ Delete
NAME	Fernando Salgado
STREET ADDRESS	191-97th Street
CITY-ST-ZIP	Miami, FL
TITLE	☒ Delete
NAME	Cecilia Salgado
STREET ADDRESS	3598 SW 28th St.
CITY-ST-ZIP	Miami, FL 33133
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	President
STREET ADDRESS	Mario Salgado
CITY-ST-ZIP	14219 E. 6th St Long Beach, CA 90814
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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)(f), 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 lines empowered.

SIGNATURE:

Mario Salgado

9/12/01

(562) 987-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (11/00)