

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110499

1. Entity Name

SALON WEBSITES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90005 042 ***158.75

Principal Place of Business

**11041 SW 63 TERRACE
MIAMI FL 33173**

Mailing Address

**11041 SW 63 TERRACE
MIAMI FL 33173**

2. Principal Place of Business

3220 S. NEWCOMBE ST

3. Mailing Address

3220 S. NEWCOMBE ST

Suite, Apt. #, etc.

12-201

Suite, Apt. #, etc.

12-201

City & State

LAKEWOOD, CO

City & State

LAKEWOOD, CO

Zip

80227

Country

USA

Zip

80227

Country

USA

4. FEI Number

59-3618089

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARIAS, JULIE A
11041 SW 63 TERRACE
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

STEPHANIE MARTINEZ

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

9631 SW 77th Ave. #C302

City

MIAMI

State

Zip Code

33152-2635

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 \$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

TITLE **P** ☐ Delete
NAME **ARIAS, JULIE A**
STREET ADDRESS **11041 SW 63 TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VP** ☐ Delete
NAME **ARIAS, GEORGE M**
STREET ADDRESS **11041 SW 63 TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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)(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 #

CR2E034 (10/00)