2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90100 018 ***150.00

DOCUMENT # P01000087195

1. Entity Name
SOLINSA, INC.

Principal Place of Business	Mailing Address
301 ALMERIA AVE CORAL GABLES, FL 33134	301 ALMERIA AVE CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
1320 S. Dixie Hwy.	1320 S. Dixie Hwy
Suite, Apt. #, etc. Suite, 280	Suite, Apt. #, etc. Suite, 280
City & State Coral Gables, FL	City & State Coral Gables FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 27-0007613 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
1320 S DIXIE HWY
SUITE 280
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SENDEL, VIRGINIA 301 AMERIA AVE CORAL GABLES, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS MERAZ, NORMA 301 ALMERIA AVE CORAL GABLES, FL 33146	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2.3.03 305-667-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #