

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90285 018 ***150.00

DOCUMENT # P97000040298

1. Entity Name
SOL ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

95 MERRICK WAY
 #525
 CORAL GABLES FL 33134
 US

95 MERRICK WAY
 #525
 MIAMI FL 33134-5310
 US

2. Principal Place of Business

3. Mailing Address

2400 NORTH COMMERCE

2400 NORTH COMMERCE

Suite, Apt. #, etc.
PARKWAY SUITE 307

Suite, Apt. #, etc.
PARKWAY SUITE 307

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
USA

Zip
33326

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0764855

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

SALGADO, JAVIER
95 MERRICK WAY, #525
CORAL GABLES FL 33134

Name
Carlos Salgado
 Street Address (P.O. Box Number is Not Acceptable)
95 Merrick Way # 525
 City **Coral Gables** **FL** Zip Code **33124**

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	SALGADO, CARLOS	
STREET ADDRESS	95 MERRICK WAY, #525	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SALGADO, JAVIER	
STREET ADDRESS	95 MERRICK WAY, #525	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 #