

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90310 027 ***150.00

DOCUMENT # P98000019679

1. Entity Name
SOLO GRAPHICS, INC.

Principal Place of Business

**911 MERIDIAN AVENUE
 STE 201
 MIAMI BEACH FL 33139**

Mailing Address

**911 MERIDIAN AVENUE
 STE 201
 MIAMI BEACH FL 33139**

LUU10014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SOLO GRAPHICS, INC
 Suite, Apt. #, etc.

1400 LINCOLN ROAD 606

City & State
MIAMI BEACH FL

Zip Country
33139 USA

3. Mailing Address

SOLO GRAPHICS, INC
 Suite, Apt. #, etc.

1400 LINCOLN ROAD 606

City & State
MIAMI BEACH FL

Zip Country
33139 USA

4. FEI Number **65-0816635**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELONI, MAURIZIO
 911 MERIDIAN AVENUE
 STE 201
 MIAMI BEACH FL 33139**

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.

SIGNATURE Maurizio Meloni (NOTE: Registered Agent signature required when reinstating) DATE 02/01/01

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	PVST	<input checked="" type="checkbox"/> Delete
NAME	MELONI, MAURIZIO V	
STREET ADDRESS	911 MERIDIAN AVE, STE 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELONI, MAURIZIO V	
STREET ADDRESS	911 MERIDIAN AVE, STE 201	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELONI MAURIZIO	
STREET ADDRESS	1400 LINCOLN ROAD #606	
CITY-ST-ZIP	MIAMI BEACH - FL - 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELONI MAURIZIO	
STREET ADDRESS	1400 LINCOLN ROAD #606	
CITY-ST-ZIP	MIAMI BEACH - FL - 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MAURIZIO MELONI DATE 02/01/01 DAYTIME PHONE # 305-643-5000

CR2E034 (10/00)