

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90106 039 ***150.00

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DOCUMENT # P98000045364

1. Entity Name
ALEX SOLOMIANY, P.A.

Principal Place of Business
1001 BRICKELL BAY DR. SUITE 1704
MIAMI FL 33131

Mailing Address
1001 BRICKELL BAY DR. SUITE 1704
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 SW 8th Street

3. Mailing Address
80 S.W. 8th Street

Suite, Apt. #, etc.
Suite 2157

Suite, Apt. #, etc.
Suite 2157

City & State
MIAMI, FL

City & State
MIAMI, FL ~~33130~~

4. FEI Number **65-0836931**

Applied For
 Not Applicable

Zip **33130** Country **USA**

Zip **33130** Country **USA**

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

6. Name and Address of Current Registered Agent

SOLOMIANY, ALEX
1001 BRICKELL BAY DR, SUITE 1704
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **ALEX SOLOMIANY**
 Street Address (P.O. Box Number is Not Acceptable) **80 SW 8th Street**
Suite 2157
 City **MIAMI, FL 33130 FL** Zip Code **33130**

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, 2002 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 Delete
 NAME **PSTD SOLOMIANY, ALEX**
 STREET ADDRESS **1001 BRICKELL BAY DR, SUITE 1704**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **ADDX PRESIDENT ALEX SOLOMIANY**
 STREET ADDRESS **80 SW 8th St. Suite 2157**
 CITY-ST-ZIP **MIAMI, FL 33130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/02 305-373-1105

Daytime Phone #

CR2E034 (9/01)