

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010973

1. Entity Name

DE SOLA TRADING COMPANY INC.

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90069 043 \*\*\*163.75

Principal Place of Business

4630 NW 102ND AVENUE  
#108  
MIAMI FL 33178

Mailing Address

4630 NW 102ND AVENUE  
#108  
MIAMI FL 33178

2. Principal Place of Business

4630 NW 102ND AVENUE

3. Mailing Address

4630 NW 102ND AVENUE

Suite, Apt. #, etc.

# 108

Suite, Apt. #, etc.

# 108

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

593404742

Applied For

☒ Not Applicable

Zip

Country

33178

USA

Zip

Country

33178

USA

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

DE SOLA, GERARDO A  
4630 NW 102ND AVENUE  
#108  
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-14-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GERARDO DE SOLA  
4630 NW 102ND AVENUE # 108  
MIAMI, FL 33178

☐ Delete

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

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☐ Change ☐ Addition

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 #

(GERARDO DE SOLA)

03-14-01

305-7170925

CR2E034 (10/00)