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

03-11-2002 90071 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

420158

DOCUMENT # P00000109624

1. Entity Name

SOL 1 ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8751 FOREST HILLS BLVD	8751 FOREST HILLS BLVD
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33065 Country	Zip: 33065 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1057131 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SOLLY HATUEL

Street Address (P.O. Box Number is Not Acceptable): 8751 FOREST HILLS BLVD

City: CORAL SPRINGS FL Zip Code: 33065

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.

(X) SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: P	TITLE:
NAME: SOLLY HATUEL	NAME:
STREET ADDRESS: 8751 FOREST HILLS BLVD	STREET ADDRESS:
CITY-ST-ZIP: CORAL SPRINGS FL 33065	CITY-ST-ZIP:
TITLE: SEC	TITLE:
NAME: AVI HATUEL	NAME:
STREET ADDRESS: 8751 FOREST HILLS BLVD	STREET ADDRESS:
CITY-ST-ZIP: CORAL SPRINGS FL 33065	CITY-ST-ZIP:
TITLE: TRE	TITLE:
NAME: Wilbert Bynes	NAME:
STREET ADDRESS: 540 NW 5TH AVE APT 2308	STREET ADDRESS:
CITY-ST-ZIP: FT LAUD FL 33311.	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

(X) **SIGNATURE:** _____ 02-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Division Phone #