

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90001 024 ***158.75

DOCUMENT # 322373 1. Entity Name ULETA RENTALS, INC.					
Principal Place of Business 16605 NORTH MIAMI AVE N MIAMI BEACH FL 33169-6025			Mailing Address 16605 NORTH MIAMI AVE N MIAMI BEACH FL 33169-6025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1197141	
Zip		Country		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	
SOLOMON, HENRY G 16605 N MIAMI AVE N MIAMI BCH FL 33169				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SOLOMON, HENRY 19521 EMBASSY COURT NORTH MIAMI BEACH FL 33179	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SOLOMON, HENRY 19521 EMBASSY COURT NORTH MIAMI BEACH, FL. 33179
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SOLOMON, JANET 19521 EMBASSY COURT NORTHMIAMI BEACH FL 33179	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES SOLOMON, JANET 19521 EMBASSY COURT NORTH MIAMI BEACH, FL. 33179
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				HENRY G. SOLOMON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # (305) 948-6999	