FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 464251** 1. Entity Name SOMARSOL, INC. 04-10-2001 90068 042 \*\*\*150.00 Principal Place of Business Mailing Address 222 NW 27TH ST 222 NW 27TH ST MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1560109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARRASTAZU, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 541 BABAROSSA AVE. CORAL GABLES FL 33146 Zip Code City 6. 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) 9. This corporation is eligible to satisfy its intangible-FILE NOW!!! FEE IS:\$150,00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change NAME NAME RAMOS, OLGA STREET ADDRESS STREET ADDRESS 5830 S.W. 16TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Addition TITLE Delete NAME GARASTAZU, ANTONIO NAME STREET ADDRESS STREET ADDRESS 541 BARBAROSSA AVE. CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** Delete TiTLE TITLE ☐ Change ☐ Addition NAME NAME **BILBAO, ANGEL** STREET ADDRESS STREET ADDRESS 8555 SW 133 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE Change ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Thursman ANTONIO GARRASTAZO

4-04-01

301-571-8X01

Daytime Phone #