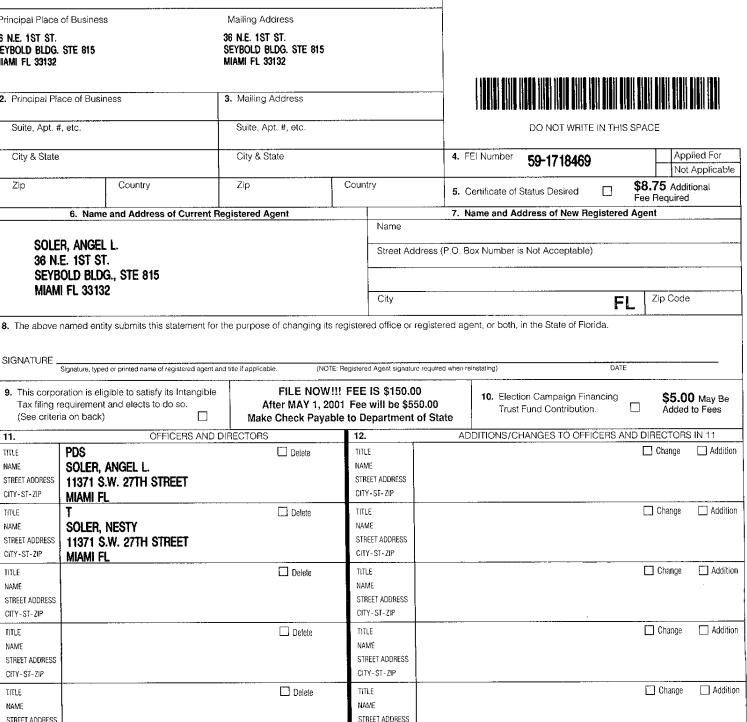
## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 523169** SOLER JEWELERS CORPORATION Mailing Address Principal Place of Business 36 N.E. 1ST ST. 36 N.E. 1ST ST. SEYBOLD BLDG. STE 815 SEYBOLD BLDG. STE 815 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name SOLER, ANGEL L. 36 N.E. 1ST ST.

## **FILED** Apr 25, 2001 8:00 am Secretary of State

-25-2001 90376 007 \*\*\*150.00



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 attachmen with an address, with all other like empowered

City

FILE NOW!!! FEE IS \$150,00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

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CITY-\$T-ZIP

CITY-ST-7IP

CITY-ST-7IP

SEYBOLD BLDG., STE 815

9. This corporation is eligible to satisfy its Intangible

SOLER, ANGEL L.

SOLER, NESTY

11371 S.W. 27TH STREET

11371 S.W. 27TH STREET

Tax filing requirement and elects to do so.

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

OFFICERS AND DIRECTORS

MIAMI FL 33132

(See criteria on back)

PDS

MIAMI FL

Miami Fl

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #

☐ Change

Addition

CR2E034 (10/00