

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90324 013 \*\*\*150.00

**DOCUMENT # F00000002553**

1. Entity Name  
**SOLETANCHE, INC.**

Principal Place of Business  
**401 EAST JEFFERSON, SUITE 108**  
**ROCKVILLE MD 20850**

Mailing Address  
**401 EAST JEFFERSON, SUITE 108**  
**ROCKVILLE MD 20850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-1954492**

Applied For  
 Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_

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 **P TARRALLE, BERNARD** ☐ Delete  
 STREET ADDRESS **401 EAST JEFFERSON, SUITE 108**  
 CITY-ST-ZIP **ROCKVILLE MD 20850**

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

TITLE  
 NAME **V PROVENCHERE, P. DANIEL** ☐ Delete  
 STREET ADDRESS **10021 PINES BLVD., SUITE #210**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE  
 NAME **ST AMALVY, MARC** ☐ Delete  
 STREET ADDRESS **6 RUE DE WATFORD**  
 CITY-ST-ZIP **NANTERRE, FRANCE 92000**

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

TITLE  
 NAME **D BOCQUENTIN, MICHELE** ☐ Delete  
 STREET ADDRESS **6 RUE DE WATFORD**  
 CITY-ST-ZIP **NANTERRE, FRANCE 92000**

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

TITLE  
 NAME **ASAT HOURNBuckle, LEWIS** ☐ Delete  
 STREET ADDRESS **401 EAST JEFFERSON, SUITE 108**  
 CITY-ST-ZIP **ROCKVILLE MD 20850**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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: *LL HournBuckle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 JAN 01 3013150670**  
 Date Daytime Phone #

CR2E034 (10/00)