

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000002021**1. Entity Name
CITY SOLUTIONS, INC.

Principal Place of Business

2200 4TH AVE. NORTH #3

LAKE WORTH
33461

FL

Mailing Address

2200 4TH AVE. NORTH #3

LAKE WORTH
33461

FL

2. Principal Place of Business

2200 4TH AVE. NORTH

Suite, Apt. #, etc.
#3City & State
LAKE WORTH

FL

Zip
33461

Country

3. Mailing Address

2200 4TH AVE. NORTH

Suite, Apt. #, etc.
#3City & State
LAKE WORTH

FL

Zip
33461

Country

4. FEI Number

77-0467519

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRENTO TOM
2200 4TH AVE. NORTH #3LAKE WORTH
33461

FL

7. Name and Address of New Registered Agent

Name

TRENTO TOM

Street Address (P.O. Box Number is Not Acceptable)
2200 4TH AVE. NORTH

#3

City
LAKE WORTH

FL

Zip Code
33461

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 _____ 01/02/2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
HUGHES DAVID J
1565 LAS TUNAS RD.
MONTECITO CA 93108 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
TRENTO TOM
2200 4TH AVE. NORTH #3
LAKE WORTH FL 33461 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: TOM TRENTO

CPS

01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)