

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G99892**

1. Entity Name
SOLOCON CORP.

Principal Place of Business
**25 SE 2ND AVENUE
SUITE 1022
MIAMI FL 33131
US**

Mailing Address
**P.O. BOX 546890
SURFSIDE FL 33154
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2400634** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CONSOLO, PHILIP R.
25 SE 2ND AVENUE
SUITE 1022 -
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **RONALD A. MAKINI**
Street Address (P.O. Box Number is Not Acceptable) **2901 BISCAYNE BLVD, SUITE 350**
City **MIAMI** FL Zip Code **33131**

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]* 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **DP CONSOLO, PHILIP ROBERT**
STREET ADDRESS **25 SE 2ND AVE #1022**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME **ST CONSOLO, CELIA**
STREET ADDRESS **25 SE 2ND AVE STE 1022**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 12:28



REINSTATEMENT
DO NOT WRITE IN THIS SPACE **01**

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