

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K87359**

1. Entity Name
SOLCHART HOLDINGS, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90023 048 ***150.00

Principal Place of Business
5725 CORP. WAY, STE. 101
WEST PALM BEACH FL 33407

Mailing Address
5725 CORPORATE WAY
SUITE 101
WEST PALM BEACH FL 33407
US

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 **65-0144549**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, MICHAEL J. C
5725 CORPORATE WAY
SUITE 101
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name **Gail C. Meyers**
Street Address (P.O. Box Number is Not Acceptable)
c/o McGrath & Meyers, P.A.
5725 Corporate Way, Suite 101
City **West Palm Beach, FL** Zip Code **33407**

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) **XXXX**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PSTD** ☐ Delete
NAME **SAUL STEINFELD**
STREET ADDRESS **2427 PRESIDENTIAL WAY, #601**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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:

SAUL STEINFELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)