

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L25912

1. Entity Name
SOLO FARMS, INC.



FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90026 040 ***150.00



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
MURAI, WALD, BIONDO AND MORENO P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33131

Mailing Address
848 BRICKELL AVE
SUITE 1000
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0172365**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MURAI, WALD, BIONDO AND MORENO P.A.
25 S.E. 2ND AVENUE, SUITE 900
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ARDID, JOSE**
STREET ADDRESS **848 BRICKELL AVE., SUITE 1000**
CITY-ST-ZIP **S. MIAMI FL 33131**

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

TITLE **D** ☐ Delete
NAME **MUNOZ, GONZALO**
STREET ADDRESS **959 BRICKELL AVE STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☒ Addition
NAME **MUNOZ, GONZALO**
STREET ADDRESS **407 Lincoln Rd Suite 502**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D** ☒ Delete
NAME **ARDID, INIGO**
STREET ADDRESS **848 BRICKELL AVE STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.** ☐ Change ☒ Addition
NAME **ANGEL E. TORRES**
STREET ADDRESS **407 Lincoln Rd suite 502**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANGEL E. TORRES

Date

Daytime Phone #

CR2E034 (10/02)