2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2001 8:00 am Secretary of State **DOCUMENT # L37483** 1. Entity Name SOLID HILL CORPORATION 03-15-2001 90206 006 ***150.00 Principal Place of Business Mailing Address 1923 NE 153 STREET 1923 NE 153 STREET MIAMI FL 33179 MIAMI FL 33179 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0163596 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERESTAN, RUBEN Street Address (P.O. Box Number is Not Acceptable) 3744 NE 167TH ST **APT 607** N MIAMI BCH FL 33160 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE DP Delete TITLE BERESTAN, RUBEN NAME NAME STREET ADDRESS STREET ADDRESS 3744 NE 167TH ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE VASCONES-BERESTAN, CARMEN NAME STREET ADDRESS STREET ADDRESS 3744 NE 167TH ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL ☐ Change ☐ Addition ☐ .Delete TITLE TITLE ---- -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME

13. I hereby certify that the information supplied with this filling 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 supplied ental 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 of the speed of the corporation or the receiver of the speed of

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition