

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90143 020 ***150.00

DOCUMENT # L45688

1. Entity Name
EL SOL CANVAS AWNINGS CORP.



Principal Place of Business
~~EL SOL CANVAS AWNINGS CORP~~
7557 NW 70TH ST
MIAMI FL 33166

Mailing Address
~~EL SOL CANVAS AWNINGS CORP~~
7557 NW 70TH ST
MIAMI FL 33166



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
EL SOL CANVAS AWNINGS CORP.

Suite, Apt. #, etc.
NW 70 STREET

City & State
MIAMI, FL

Zip
33166

Country

3. Mailing Address
EL SOL CANVAS AWNINGS CORP.

Suite, Apt. #, etc.
NW 70 STREET

City & State
MIAMI, FL

Zip
33166

Country

4. FEI Number **65-0174877**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREA, GLADYS
~~1840 WEST 48 STREET #104~~
~~HALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 NW 78 AVENUE - STE #216

City **MIAMI**

FL

Zip Code
33156

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 **1/20/03**

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

TITLE **D** ☐ Delete
NAME **RAMOS, ALBERTO J.**
STREET ADDRESS **1621 SW 14TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **DURAN, ALEXIS J.**
STREET ADDRESS **339 EAST 62ST**
CITY-ST-ZIP **HALEAH 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

11. 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
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NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)