2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State DOCUMENT # N0000001547 07-25-2001 90006 049 ****61.25 THE SOLONA PROJECT, INC. Principal Place of Business Mailing Address 6419 B BIRD ROAD P O BOX 430637 MIAMI FL 33155 MIAMI FL 33243 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWERDLIN, LEE 5020 SOUTHWEST 73RD AVENUE MIAMI FL³33155 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (5/01) Delete TITLE ☐ Chance ☐ Addition TITLE SWERDLIN, LEE NAME NAME 5020 SOUTHWEST 72ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition KATZ, EDUARDO NAME NAME 7832 COLLINS AVENUE, #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIE 10 TITLE Addition TITLE Delete ☐ Change NEWMAN. MICHAEL = NAME NAME STREET ADDRESS 8250 SOUTHWEST 95TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED

ichment boch



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

July 26, 2001

THE SOLONA PROJECT, INC. P O BOX 430637 MIAMI, FL 33243

Subject: THE SOLONA PROJECT, INC.

Reference N0000001547

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number of by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the

Division of Corporations at (850) 488-9000.

/EW

ANNUAL REPORTS SECTION