

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-22-2003 90135 048 ****61.25

DOCUMENT # N99000003916

1. Entity Name Solvi, Inc.



DO NOT WRITE IN THIS SPACE

55049317

2. Principal Place of Business 7504 N. Highland St.

3. Mailing Address 7504 N. Highland St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tampa, FL

City & State Tampa, Florida

Zip 33604 Country

Zip 33604 Country Hillsborough

4. FEI Number 59-3585474

Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Edwin Solano

Street Address (P.O. Box Number is Not Acceptable) 7504 N. Highland St.

City Tampa FL Zip Code 33604

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 Ed. Sol

05-16-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Ligia Vitella - President</u> <u>7504 N. Highland St.</u> <u>Tampa, FL 33604</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Edwin Solano - Vice Pres.</u> <u>7504 N. Highland St.</u> <u>Tampa, FL 33604</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Denis Rivera - Secretary</u> <u>7303 Waters Ave. Apt. 60</u> <u>Tampa, FL 33603</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Jean Vila - Treasurer</u> <u>7504 N. Highland St</u> <u>Tampa, FL 33604</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Albert Rodriguez - Director</u> <u>7303 Waters Ave</u> <u>Tampa, FL 33603</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Director</u>

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Solano Ed. Sol

05-16-03

(813) 232-1447

Date

Daytime Phone #

CR2E037B (12/02)