

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90071 022 ***150.00

DOCUMENT # P00000005271

1. Entity Name
SOLCUBA, INC.

Principal Place of Business

P.O. BOX 160941
HIALEAH FL 33016

Mailing Address

P.O. BOX 160941
HIALEAH FL 33016

2. Principal Place of Business

14681 SW 37th ST.

Suite, Apt. #, etc.

MIRAMAR, FL

City & State

3. Mailing Address

14681 SW 37th ST.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip 33027

Country US

Zip 33027

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0975011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSSIO, CARLOS M
13499 BISCAYNE BLVD.
APT 904
N MIAMI FL 33181

7. Name and Address of New Registered Agent

Name COSSIO, CARLOS M.

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

14681 SW 37th ST.

City MIRAMAR

FL

Zip Code 33027

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 CARLOS COSSIO

(If Current Registered Agent signature required when reinstating)

04/19/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME COSSIO, CARLOS M
STREET ADDRESS P.O. BOX 160941
CITY-ST-ZIP HIALEAH FL 33016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME COSSIO, CARLOS M.
STREET ADDRESS 14681 SW 37th ST.
CITY-ST-ZIP MIRAMAR, FLORIDA 33027 ☒ Change ☐ Addition

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

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

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

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

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

13. 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 11 or Block 12 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

04/19/01 (454) 538 0267

Date

Daytime Phone #

CR2E034 (10/00)