2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000006735 1. Entity Name SOLIMAR REALTY, INC. 05-02-2001 90017 047 ***150.00 Principal Place of Business Mailing Address 6710 MAIN STREET 6710 MAIN STREET **SUITE #263 SUITE #263** MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address 6710 Main Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 65-0976371 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ. REYNALDO Street Address (P.O. Box Number is Not Acceptable) 6710 MAIN STREET **SUITE #263** MIAMI LAKES FL 33014 ent for the purpose of changing its registered office or registered 8. The above named entity submits this FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Defete TITI F TITLE NAME DIAZ, REYNALDO NAME STREET ADDRESS STREET ADDRESS 6710 MAIN STREET #236 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Change ☐ Addition VD ☐ Defete TITLE NAME AZCUY, BARBARA NAME STREET ADDRESS STREET ADDRESS 6710 MAIN STREET #236 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE

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 gither like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President.

11 305.828 19.00

Daytime Phone #