

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000021377**1. Entity Name  
**SOL Y ARENA COMPANY**

Principal Place of Business 10621 N. KENDALL DRIVE SUITE 206 MIAMI 33176 FL	Mailing Address 10621 N. KENDALL DRIVE SUITE 206 MIAMI 33176 FL
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2. Principal Place of Business	3. Mailing Address 12930 N.W. 6 TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33182	Country	Zip 33182	Country
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4. FEI Number <b>65-1012134</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WARMINGTON GRACE**  
10621 N. KENDALL DRIVE  
SUITE 206  
MIAMI  
33176  
FL**7. Name and Address of New Registered Agent**

Name <b>ALMANSA ELIZABETH</b>
Street Address (P.O. Box Number is Not Acceptable) <b>12930 N.W. 6 TERRACE</b>
City <b>MIAMI</b>
Zip Code <b>33182</b>

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 **ELIZABETH ALMANSA****02/25/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA MERCEDES T 10621 N. KENDALL DRIVE SUITE 206 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARMINGTON JAMES LJR. 10621 N. KENDALL DRIVE SUITE 206 MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA ANTONIO 6310 S.W. 18 TERRACE MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALMANSA ELIZABETH 12930 N.W. 6 TERRACE MIAMI FL 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ELIZABETH ALMANSA****PTD****02/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)