## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000021377

1. Entity Name

SOL Y ARENA COMPANY



## FILED Sep 12, 2003 8:00 am Secretary of State

09-12-2003 90092 011 \*\*\*150.00

| }  |                            |  |                                       |   | V                     |   | TEST                         |                                     |   |                            |                                |                              |
|--|----------------------------|--|---------------------------------------|---|-----------------------|---|------------------------------|-------------------------------------|---|----------------------------|--------------------------------|------------------------------|
| Principal Place<br>10621 N. KEN<br>SUITE 206<br>MIAMI FL 331 |                            |  | 1 2930                                | g Address<br>N.W. 6 TERRACE<br>I FL 33182 |                       | <u> </u>  |                              |                                     | )   |                            |                                |                              |
| 2. Principal Place of Business                               |                            |  | 3. Mailing Address PO BOX 940007      |   |                       |   |                              |                                     |   |                            |                                |                              |
| Suite, Apt. #, etc.  |                            |  | Suite, Apt. #, etc.                   |   |                       |   | CHECK HERE IF MAKING CHANGES |                                     |   |                            |                                |                              |
| City & Stat  | Ce Ce                      |  | City & State, Miami, Flarida          |   |                       | 4. FEI Number 65-1012134 Applied For Not Applicable |                              |                                     |   |                            |                                |                              |
| Zip  | Co                         | ountry   | Zip                                   | 3194-0007                                 | Cour                  | itry<br>S <b>A</b>                                  |                              | 5. (                                | Certificate of Status Desired                                 |                            | \$8.75 Ad<br>Fee Require       |                              |
|  | 6. Name and                | Address of Current R   | egistere                              | d Agent                                   |                       |   |                              | 7. N                                | Name and Address of New                                       | Registered                 | Agent                          |                              |
|  |                            |  |                                       |   |                       | Name  |                              |                                     |   |                            |                                |                              |
| ALMANSA  | , ELIZABETH                | , h  |                                       |   |                       |   |                              |                                     |   |                            |                                |                              |
|  | W. 6 TERRACE               |  |                                       |   |                       | Street Ad   | oress ()                     | (P.O. Box Number is Not Acceptable) |   |                            |                                |                              |
| MIAMI FL   |                            | •  |                                       |   |                       |   |                              |                                     | <del> </del>  |                            |                                |                              |
| MAIN-MAIL L.C.   | 35102                      |  |                                       |   |                       |   |                              |                                     |   |                            |                                |                              |
| V  |                            |  |                                       |   |                       | City  |                              |                                     |   | F۱                         | Zip Cod                        | le l                         |
| 8. The above the obligat                                     | tions of registered a      |  | the purp                              | ose of changing its                       | register              | ed office or i                                      | registere                    | ed age                              | ent, or both, in the State of F                               | lorida. I an               | familiar with,                 | , and accept                 |
| SIGNATURE'.  | Sinonial based a selection | ed name of registered agent an   | d side if and                         | liantia (NOTE                             | Desistan              | d A soot sizes to                                   |                              |                                     |   | DATE                       |                                |                              |
|  | <u> </u>                   |  | o uue n app                           | IICADIO. (NOTE:                           | Hegistare             | d Agent signatur                                    | e required                   | Wileh rei                           | anstating)  | DATE                       | <del></del>                    |                              |
| After Şe <sub>l</sub>  | • •                        | E IS \$550.00<br>3 Fee will be \$750.0<br>ida Department of :                              |                                       | •   |                       |   |                              |                                     | Selection Campaign F     Trust Fund Contribut                 | _                          |                                | 00 May Be<br>d to Fees       |
| 10.  |                            | OFFICERS AND D   | IRECTO                                | RS  | 11,                   |   |                              | ÁD                                  | DDITIONS/CHANGES TO OF  | FICERS AN                  | D DIRECTOR                     | RS IN 11                     |
| TITLE  | PTD                        | *  |                                       | ☐ Delete                                  | TITL                  |   |                              |                                     | <del></del>   |                            | [] Change                      | Addition                     |
| NAME   | ALMANSA, ELI               | ZABETH   |                                       |   | NAM                   | E [   |                              |                                     |   |                            |                                | _ [                          |
| STREET ADDRESS   | 12930 N.W. 6               | TERRACE  |                                       |   | STRE                  | ET ADDRESS  |                              |                                     |   |                            |                                |                              |
| CITY-ST-ZIP  | MIAMI FL 3318              | 2  |                                       |   | CITY                  | -ST-ZIP   |                              |                                     |   |                            |                                |                              |
| TITLE .  | SD                         |  |                                       | ☐ Delete                                  | TITLE                 |   |                              |                                     |   |                            | ☐ Change                       | ☐ Addition                   |
| NAME   | GARCIA, ANTO               |  |                                       | •   | NAM                   | E J.  |                              |                                     |   |                            |                                | ,                            |
| STREET ADDRESS   | 6310 S.W. 18               | <del>-</del> -   |                                       |   |                       | ET ADDRESS  |                              |                                     |   |                            |                                | }                            |
| CITY-ST-ZIP  | MIAMI FL 3315              | 5  |                                       |   | CITY                  | -ST-ZIP   |                              |                                     |   |                            |                                |                              |
| TITLE  |                            |  |                                       | ☐ Delete                                  | TITLE                 | : ]   |                              |                                     |   | •                          | Change                         | ☐ Addition                   |
| NAME .   |                            | and the second second second second  |                                       |   | NAM                   | 1   |                              | •                                   | •   |                            |                                |                              |
| STREET ADDRESS<br>CITY-ST-ZIP                                | }                          |  |                                       | •   |                       | ET ADDRESS  |                              |                                     |   |                            |                                | }                            |
|  | <del> </del>               |  |                                       |   |                       | -ST-ZIP   |                              |                                     | <del></del>   |                            |                                |                              |
| TITLE  |                            |  |                                       | ☐ Delete                                  | TITLE                 |   |                              |                                     |   |                            | Change                         | ☐ Addition                   |
| NAME<br>STREET ADDRESS                                       | }                          |  |                                       |   | NAM                   | ET ADDRESS  |                              |                                     |   |                            |                                | ļ                            |
| CITY-ST-ZIP  | ļ                          |  |                                       |   |                       | -ST-ZIP   |                              |                                     |   |                            |                                |                              |
| TITLE  | <del></del>                | <del></del>  | · · · · · · · · · · · · · · · · · · · | ☐ Delete                                  | TITLE                 |   |                              |                                     |   |                            | ☐ Change                       | Addition                     |
| NAME   |                            |  |                                       | Delete                                    | NAMI                  |   |                              |                                     |   | × .                        | L onlings                      | LI AQUIIIOII                 |
| STREET ADDRESS   |                            |  |                                       |   |                       | ET ADDRESS  |                              |                                     |   |                            |                                |                              |
| CITY-ST-ZIP  |                            |  |                                       |   | CITY                  | -ST-ZIP   |                              |                                     |   |                            |                                | 1                            |
| TITLE  |                            |  |                                       | ☐ Delete                                  | TITLE                 |   |                              |                                     |   | <del></del>                | ☐ Change                       | Addition                     |
| NAME   |                            |  |                                       |   | NAM                   | - (   |                              |                                     |   |                            |                                | _                            |
| STREET ADDRESS   |                            |  |                                       |   | STRE                  | ET ADDRESS  |                              | •                                   |   |                            |                                | İ                            |
| CITY-ST-ZIP  |                            |  |                                       |   | City                  | -ST-ZIP   |                              |                                     |   |                            |                                |                              |
| 12. hereby c   | ertify that the infor      | mation supplied with t   | his filing                            | does not qualify for                      | the exe               | mption state  | d in Sec                     | ction 1                             | 119.07(3)(i), Florida Statutes<br>egal effect as if made unde | . I further ce             | ertify that the i              | nformation                   |
| or the con   | porezion or the reci       | upplemental report is t<br>eliver or trustee empov<br>int with an add <del>ress</del> , wi | rerector 4                            | e tonner sint affiliage                   | y signat<br>is requir | ure shall har<br>ed by Chap                         | ve the s<br>ter 607,         | ame le<br>Florid                    | legal effect as if made under<br>da Statutes; and that my nar | oath; that I<br>ne appears | am an officer<br>in Block 10 o | or director<br>r Block 11 if |

SIGNATURE:

Daytime Phone #



Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

September 9, 2003

RE: UBR #P00000021262 Sol y Arena International Realty
UBR #P00000021377 Sol y Arena Company
UBR #P00000021276 Sand Castles Property Management Co.

Enclosed please find filing fees for the above fore-mentioned corporations. At this time, I would like to request that the fee of \$150.00 for each company be honored since the office never received the first set of filing forms. We have been experiencing difficulty in receiving mail at our street address and therefore setup a P.O. Box for incoming correspondence. Please note our P.O. Box address below.

If, I can be of any further assistance, please do not hesitate to contact me directly (786)290-2933.

Sincerely,

Elizabeth Almansa