

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 006 ***158.75

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

DOCUMENT # P00000024054

1. Entity Name
UPDATED SOLUTIONS CORP.



Principal Place of Business
625 - 94TH ST.
SURFSIDE, FL 33154

Mailing Address
625 - 94TH ST.
SURFSIDE, FL 33154

2. Principal Place of Business
1130 NE 121 ST.
Suite, Apt. #, etc.

3. Mailing Address
1130 NE 121 ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BISCAYNE PARK, FL
Zip
33161
Country

City & State
BISCAYNE PARK, FL
Zip
33161
Country

4. FEI Number
65-0991838

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEAL, REJANE W
625 - 94TH ST.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name
LEAL, MONICA W
Street Address (P.O. Box Number is Not Acceptable)
1130 NE 121 ST
City
BISCAYNE PARK FL Zip Code
33161

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 *Monica W Leal*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

04/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEAL, REJANE W
625 94 TH ST
SURFSIDE, FL 33154 ☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEAL, MONICA W
1130 NE 121ST
BISCAYNE PARK, FL, 33161 ☒ 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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica W Leal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 305-8928544
Date Daytime Phone #

CR2E034 (10/02)