

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 032 \*\*\*150.00

DOCUMENT # P000000026366

1. Entity Name

Solid Investments & Developers, LLC

672169

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

407 Lincoln Rd.

Suite, Apt. #, etc.

5B

3. Mailing Address

407 Lincoln Rd.

Suite, Apt. #, etc.

5B

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach

City & State

Miami Beach

4. FEL Number

65-0928972

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Karen Garcia Mendez

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

14548 SW 95 Lane

City

Miami

FL

Zip Code

33186

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	Francisco Garcia
STREET ADDRESS	5921 SW 136 St.
CITY-ST-ZIP	Pinecrest, FL 33165
TITLE	Secretary
NAME	Said Almukhtar
STREET ADDRESS	407 Lincoln Rd.
CITY-ST-ZIP	M. Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco Garcia

CR2E034B (12/01)