

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 015 ***150.00

DOCUMENT # P00000030550

1. Entity Name

SOLFER CORP.

Principal Place of Business

~~550 NW 42ND AVENUE SUITE 206~~
~~MIAMI FL 33126~~

Mailing Address

~~550 NW 42ND AVENUE SUITE 206~~
~~MIAMI FL 33126~~

U0045850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

782 NW 42 AVE.

3. Mailing Address

782 NW 42 AVENUE

Suite, Apt. #, etc.

629

Suite, Apt. #, etc.

629

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1007140

Applied For

Not Applicable

Zip

33126

Country

Zip

33126

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTINEROLI, SOLEDAD

~~550 NW 42ND AVENUE SUITE 206~~
~~MIAMI FL 33126~~

Name

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

782 NW 42 AVENUE SUITE 629

City

MIAMI

FL

Zip Code

33126

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PETTINEROLI, SOLEDAD
CITY-ST-ZIP 550 NW 42ND AVENUE SUITE 206
MIAMI FL 33126

☒ Change ☐ Addition
TITLE
NAME 782 NW 42 AVE. # 629
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME D
STREET ADDRESS PETTINEROLI, HERMINIA M
CITY-ST-ZIP 550 NW 42ND AVENUE SUITE 206
MIAMI FL 33126

☒ Change ☐ Addition
TITLE
NAME 782 NW 42 AVE. # 629
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME D
STREET ADDRESS PETTINEROLI, DIMAS J
CITY-ST-ZIP 550 NW 42ND AVENUE SUITE 206
MIAMI FL 33126

☒ Change ☐ Addition
TITLE
NAME 782 NW 42 AVE. # 629
STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE D
NAME FERNANDO D. PETTINEROLI
STREET ADDRESS 665 NE 195 ST PH 22
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIMAS J.
PETTINEROLI

Date

4/24/01

Daytime Phone #

(305)
249-8212

CR2E034 (10/00)