## FILED May 28, 2002 8:00 am Secretary of State 05-28-2002 91747 011 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P0000054947 /   |                                       |                      |                                  |               |                           |                 |  |             |                                |  |
|--|---------------------------------------|----------------------|----------------------------------|---------------|---------------------------|-----------------|--|-------------|--------------------------------|--|
| Solomon structure Desing conf  |                                       |                      |                                  |               |                           |                 | 672540   |             |                                |  |
| DO NOT WRITE IN THIS SPACE   |                                       |                      |                                  |               |                           |                 |  |             |                                |  |
| 2. Principal Place of Business 13818 Sw 39 tenna   |                                       |                      | 3. Marking Address Po Box 430787 |               |                           |                 |  |             |                                |  |
| Suite, Apt   | . #, atc                              |                      | Suite, Apt. #, etc.              |               |                           |                 | DO NOT WRITE IN THIS SPACE                                 |             |                                |  |
| Miani T-L  |                                       |                      | SOUTH MIAMI FL                   |               |                           |                 | 4. FFI Number   Applied For   S = 1014996   Not Applied by |             |                                |  |
| 3317   | S Cour                                | <u>د</u> د کار       | <sup>Zp</sup> 33243              | Cour          | الايم                     |                 | Certificate of Status Desired                              |             | 5 Additional equired           |  |
|  |                                       |                      |                                  |               | Negc 1                    |                 | sme and Address of Current Regist                          | ered Agen   | ·                              |  |
| DO NOT WRITE IN THIS SPACE   |                                       |                      |                                  |               | Street Add                |                 | PO_Box Number is Not Acceptable                            |             |                                |  |
|  |                                       |                      |                                  |               |                           | 818 SW 397 enna |  |             |                                |  |
|  |                                       | . fa                 |                                  |               | City                      | AMI             |  | FL ろ        | 31.75                          |  |
| . The above  | named entite submi                    | to the statement for | the purpose of changing          | ils register  |                           |                 | ent, or both, in the State of Florids.                     |             | 31 / 2                         |  |
| SIGNATURE  |                                       |                      |                                  |               |                           |                 |  |             |                                |  |
| Signature typed or prived highest equationed agent and late if applicable INCTE. Requision Agent agriculture required with the Composition is elicible to peticity as Internation in January 1 - May 1 Fee is \$150.00   |                                       |                      |                                  |               |                           |                 | I DA   | /t          |                                |  |
| Tax filing requirement and elects to do so. (See criteria Dri back)  After May 1, Amended L Maker Check Psychie  |                                       |                      |                                  |               | le \$550.00<br>le \$61.25 |                 | 10. Election Campaign Financing<br>Trust Fund Contribution |             | \$5.00 May Be<br>Added to Fees |  |
| 11.  | PD                                    | OFFICERS AND D       |                                  | TITL          |                           |                 |  |             |                                |  |
| NAME<br>STREET ADDRESS   | AAA OTMA E                            | Z PEDRO              | 0                                | NAM           | E<br>ET ADDRESS           |                 |  |             | 122                            |  |
| CITY-ST-ZP   | 13818 Su                              | 39 TEK               | R, MIAMI FL<br>33175             | CITY          | - ST- ZIP                 |                 |  |             | CR2F034B (12/0)                |  |
| ntl <del>i</del><br>Name   | į                                     |                      |                                  | TITEL         | i i                       |                 |  |             | , ROSE                         |  |
| STREET ADDRESS<br>DITY-SI-ZP   |                                       |                      |                                  | STRE          | ET ADDRESS<br>-ST-ZIP     |                 |  |             |                                |  |
| title.   |                                       |                      |                                  | TITLE         |                           |                 |  | <del></del> |                                |  |
| NAME<br>STREET ADDRESS   |                                       |                      |                                  | NAM           | · i                       |                 |  |             | 1                              |  |
| =CU≱. 85 54. ≯~  |                                       |                      |                                  |               | ET ADDRESS                |                 | DO NOT WI  | RITE        |                                |  |
| TITLE<br>NAME  |                                       |                      |                                  | THIE          |                           |                 | IN THIS SPA  | ACE         |                                |  |
| STREET AODFESS   |                                       |                      |                                  |               | ET ADDRESS                |                 |  |             |                                |  |
| CHY-S1-ZW  | · · · · · · · · · · · · · · · · · · · |                      |                                  |               | -ST-ZIP                   |                 |  |             |                                |  |
| NAME   |                                       |                      |                                  | TITLE<br>Nami |                           |                 |  |             |                                |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |                                       | •                    |                                  |               | ET ADDRESS<br>- ST-7IP    |                 |  |             |                                |  |
| TITEL  |                                       |                      |                                  | THTLE         |                           |                 |  |             |                                |  |
| STREET ADDRESS   |                                       |                      |                                  | NAMI<br>Stre  | E<br>Et address           |                 |  |             |                                |  |
| CFY-SI-ZP  |                                       | -M                   |                                  |               | ST- AP                    |                 |  |             |                                |  |
| 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 suppliemental report is true and accurate and that my signature shall have the sarrie legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of instee empowered tig 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. |                                       |                      |                                  |               |                           |                 |  |             |                                |  |
| 26/20/22 (202) 015 E116 C  |                                       |                      |                                  |               |                           |                 |  |             |                                |  |
| SIGNATURE: SIGNATURE AND TYPED OF PRINTED MANY PERSONNE OFFICER OR DIRECTOR  |                                       |                      |                                  |               |                           |                 |  |             |                                |  |