

2001 UNIFORM BUSINESS REPORT (UBR)

017417 AT

DOCUMENT # P00000085345

1. Entity Name
SOL REALTY CORP.

FILED

01 NOV -8 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
720 S.W. 40TH STREET
CORAL GABLES FL 33146

Mailing Address
POST OFFICE BOX 430611
MIAMI FL 33143-0611

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

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

STEVEN P. LEE, P.A.
1699 CORAL WAY
SUITE 502
MIAMI FL 33145-2860

Name

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

City

FL

Zip Code

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

10-8-2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DEBAYLE, LUIS M
720 S.W. 40TH STREET
CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000004703570--4
-12/04/01--01025--019
***750.00 ***750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
AROCHE, JORGE
1533 MALAGA AVENUE
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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

Date

Daytime Phone #

10/8/01 (305) 662-7941

CR2E034 (5/01)