

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098169

1. Entity Name

SOLY ELECTRIC INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90030 049 ***150.00

0215738

Principal Place of Business

**10421 NW 28TH STREET, STE D-107
MIAMI FL 33712**

Mailing Address

**10421 NW 28TH STREET, STE D-107
MIAMI FL 33712**

2. Principal Place of Business

10556 NW 26 Street

3. Mailing Address

10556 NW 26 Street

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHIPILLIQUEN, DAVID M
10421 NW 28TH STREET, STE D-107
MIAMI FL 33712**

7. Name and Address of New Registered Agent

Name **Orlando Arrom**

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

10556 NW 26 Street

Suite 203

City
Miami

FL

Zip Code
33172

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

4/3/2001

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 \$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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHIPILLIQUEN, DAVID M 10421 NW 28TH STREET, STE D-107 MIAMI FL 33712 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Miranda Chipilliquen, David P.O. Box 686 Policentro Guayaquil-Ecuador | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #

4/18/2001

CR2E034 (10/00)