

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90039 023 \*\*\*150.00

## DOCUMENT #

1. Entity Name **SOLO ONE CORP**  
**P000000098764** ✓

**DO NOT WRITE IN THIS SPACE**

## 2. Principal Place of Business

**6283 DUVAL DR**

## 3. Mailing Address

**6283 DUVAL DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City & State

**MARGATE, FL**

## City & State

**MARGATE, FL**

## Zip

**33063**

## Country

**USA**

## Zip

**33063**

## Country

**USA**

## 4. FEI Number

**65 1048 716**

## Applied For

☐ Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

## 7. Name and Address of Current Registered Agent

Name **Daniel Ciaccio** **CPA**

Street Address **6283 Duval Dr.**

## City

**Margate, FL 33063-7099**

## Zip Code

**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 date 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 **DANIEL S. CIACCIO**  
STREET ADDRESS **6283 DUVAL DR**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VICE PRESIDENT**  
NAME **CINDY A. CIACCIO**  
STREET ADDRESS **6283 DUVAL DR.**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

3. 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: **Daniel A. Ciaccio**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL S. CIACCIO** **4/24/02**  
**954-949-8155**

Date

Daytime Phone #

Attachment 36343  
Doc #  
P00000098764

6/17/02

Dear Sirs or Madams -

Enclosed is the corrected copy  
of my UBR.

I mis understood the Agent info.

I also just located the UBR  
pre-printed form sent by you,  
and am enclosing it if you  
need it.

I apologize for my misunderstanding.

Sincerely -

Daniel A. Cinn

Solo One Corp.

# 2002 UNIFORM BUSINESS REPORT (UBR)

0172846 AV

**DOCUMENT # P00000098764**

1. Entity Name  
**SOLO ONE CORP.**

Principal Place of Business  
**6283 DUVAL DRIVE  
MARGATE FL 33063**

Mailing Address  
**6283 DUVAL DRIVE  
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1048716**

Applied For  
Not Applicable

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

**CIACCIO, DANIEL S  
6283 DUVAL DRIVE  
MARGATE FL 33063**

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 \_\_\_\_\_

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, 2002 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 **VP** ☐ Delete  
NAME **CIACCIO, CINDY**  
STREET ADDRESS **6253 DUVAL DRIVE**  
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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SIGNATURE: DANIEL S. CIACCIO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*Attachment  
36343*



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)