2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100602								Apr 13, 2001 8:00 am Secretary of State					
SOLSTICIO CORPORATION.									04-13-2001				
Principal Place of Business 9995 BAYWATER DR BOCA RATON FL 33496				Mailing Address 9995 BAYWATER DR BOCA RATON FL 33496				944293					
2. Principal Place of Business 1691 W. 37 ST				3. Mailing Address 1691 W. 37 ST									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				*	DO NOT W	RITE IN THIS	SPACE		
City & State Hialeah, Fl.				City & State Hialeah, Fl.					FEI Number 5-1051287		⊢	oplied For ot Applicable	
Zip 33012		Country U.S.A		Zip 33012	Cour	S.A.		5. (Certificate of Status Desired		\$8.75 Add Fee Require	litional	
ESCA 9995 BOCA		16	Araujo, Monica Del Pilar at Address (P.O. Box Number is Not Acceptable) 691 W. 37 ST. #29										
8. The above named entity submits this statement for the purpose of changing its registered office or registered. SIGNATURE Araujo, Monica Del Pilar, President. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)								ed ag	ent, or both, in the State of	Florida.		4/01	
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 Trust Fund Contribu	tion. [Added	May Be I to Fees	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	9995 BAYV	, FERNANDO	RS AND DIF	Delete			1501	ιjo L S	o, Monica Del Constant Del Cons	Pilar B Apt.	☐ Change	X Addition ∫	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D • VP ESCALANT 9995 BAYA	□ Delete S.OCean Blv #227. ano Beach,Fl			D. Esca 1501	ala 1 S	nte,Gabriel 5.Ocean Blvd- 10 Beach,Fl.	Apt #		X Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		33062	2 Delete	- 2						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E Et address -St-Zip	i				☐ Change	Addition	
 13. I Bereby Cr 	errity that the	information supp	nea with thi	e tiling does not qualify for	THE EYE	motion stat	ed in Sec	tion 1	119 07(3)(i). Florida Statute:	s. I further cei	run/ that the in	itormation I	

I nereby 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 tree mpowered.

Monica Del Pilar Arauio

REAND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Monica Del Pilar Araujo President

(305)979_2135 Daytime Phone #