

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90046 011 ***158.75

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DOCUMENT # P00000100602

1. Entity Name

SOLSTICIO CORPORATION.

Principal Place of Business

**1691 W. 37TH ST
 SUITE #29
 HIALEAH FL 33012**

Mailing Address

**1691 W. 37TH ST
 SUITE #29
 HIALEAH FL 33012**

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

65-1051287

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

**DEL PILAR ARAUJO, MONICA
 1691 W. 37TH ST
 SUITE #29
 HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

GABRIEL Escalante

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

1501 S. Ocean

1691 W. 37 St. Suite 29

City

Hialeah

FL

Zip Code

33012

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 **Gabriel Escalante**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/2002

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

TITLE **DP** ☒ Delete
 NAME **DEL PILAR ARAUJO, MONICA**
 STREET ADDRESS **1501 S. OCEAN BLVD APT.#227**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **DVPS** ☒ Delete
 NAME **ESCALANTE, JORGE**
 STREET ADDRESS **1501 S. OCEAN BLVD APT#227**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D S VP** ☐ Delete
 NAME **ESCALANTE, GABRIEL**
 STREET ADDRESS **1501 S. OCEAN BLVD APT#227**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Change ☒ Addition
 NAME **Amanda Molina**
 STREET ADDRESS **1691 W. 37 St., Suite 29**
 CITY-ST-ZIP **Hialeah, FL. 33012**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Gabriel Escalante 4/2/2002

Date

Daytime Phone #

(305)

512-8898

CR2E034 (9/01)