## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE: 🛨

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P00000105702** DOLLAR SOLUTION, INC. 04-16-2001 90068 044 \*\*\*150.00 Principal Place of Business Mailing Address 7220 N.W. 38TH STREET 7220 N.W. 36TH STREET 146100 #101 #101 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-105 4893 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMERO, ALVARO Street Address (P.O. Box Number is Not Acceptable) 7220 N.W. 36TH STREET #101 **MIAMI FL 33166** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Change Addition TITI F Delete NAME NAME ROMEO, ALVARO STREET ADDRESS STREET ADDRESS 7220 N.W. 36TH STREET #101 CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33166 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME CORREAL, JOSE L STREET ADDRESS STREET ADDRESS 7220 N.W. 36TH STREET #101 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE Delete TITLE ☐ Change ☐ Addition مماع NAME CORREAL, ELGA P-NAME STREET ADDRESS STREET ADDRESS 7220 N.W. 30TH STREET #101 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL 99166 TITLE Delete TITLE ☐ Change Addition NAME NAME HOMERO, MARGARITA STREET ADDRESS STREET ADDRESS 7220 N.W. SOTH STREET #101 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 83166 > TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 accordate 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 of true and occurred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if e empowered. ALVARD

PRESIDENT .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR