

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 07, 2001 8:00 am
Secretary of State

05-11-2001 90457 032 ***150.00

DOCUMENT # P0000Q114268

1. Entity Name

SOMETHING SOLID, INC.

Principal Place of Business

7622 NW 73RD TERRACE
TAMARAC FL 33321

Mailing Address

7622 NW 73RD TERRACE
TAMARAC FL 33321

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

65-1070599

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRNUN, MORRIS
7622 NW 73RD TERRACE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

ANGELA WILNO

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, 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 ☐ Delete

D
WILNO, ANGELA
7622 NW 73RD TERRACE
TAMARAC FL 33321

TITLE NAME ☐ Delete

D
GARCIA, RICHARD J
7622 NW 73RD TERRACE
TAMARAC FL 33321

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

PS
WILNO, ANGELA
7622 NW 73RD TERRACE
TAMARAC FL 33321

TITLE NAME ☐ Change ☒ Addition

VPT
GARCIA, RICHARD J
7622 NW 73RD TERRACE
TAMARAC FL 33321

TITLE NAME ☐ Change ☐ Addition

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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 #

CR2E034 (10/00)