

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000090

1. Entity Name

SOL PERU INC.

Principal Place of Business

1175 N.E. MIAMI GARDENS DR.
APT 707-E
N. MIAMI BEACH FL 33179

Mailing Address

1175 N.E. MIAMI GARDENS DR.
APT 707-E
N. MIAMI BEACH FL 33179

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

65-1064205

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

GEORGE CHERNOFF & ASSOCIATES, P.A.
11890 SW 8TH STREET
SUITE 500
MIAMI FL 33184

Name

PEDRO M. SUAREZ

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

1175 N.E. MIAMI GARDENS DR. APT 707-E

City

N. MIAMI BEACH, FL 33179

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

04/10/01

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 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 P ☐ Delete
NAME GUTIERREZ, ELIZABETH S
STREET ADDRESS 1175 N.E. MIAMI GARDENS DR. APT. 707-E
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE V ☐ Delete
NAME SUAREZ, PEDRO M
STREET ADDRESS 1175 N.E. MIAMI GARDENS DR. APT. 707-E
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres

Date

Daytime Phone #

04/10/01

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE