

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90737 034 \*\*\*150.00

**DOCUMENT #** P01000003504

1. Entity Name **SOLART CORPORATION**

**DO NOT WRITE IN THIS SPACE**

**80061867**

2. Principal Place of Business  
**332 Madeira Avenue**

Suite, Apt. #, etc.

**6**

City & State  
**Coral Gables, FL**

3. Mailing Address  
**332 Madeira Avenue**

Suite, Apt. #, etc.

**6**

City & State  
**Coral Gables, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1071038**

Applied For  
Not Applicable

Zip  
**33134**

Country  
**Miami-Dade**

Zip  
**33134**

Country  
**Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Julian Solarte Paredes**

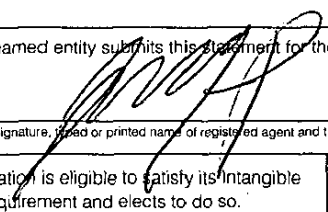
Street Address (P.O. Box Number is Not Acceptable)  
**332 Madeira Avenue # 6**

City  
**Coral Gables**

**FL**

Zip Code  
**33134**

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)

**President**

**28/03/02**  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
**President**  
NAME  
**Julian Solarte Paredes**  
STREET ADDRESS  
**332 Madeira Avenue #6**  
CITY-ST-ZIP  
**Coral Gables, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**Vice-President**  
NAME  
**Julian Solarte Lindo**  
STREET ADDRESS  
**Av. 3 F#50 N 16 Bo. La Flora**  
CITY-ST-ZIP  
**Cali, Valle, Colombia**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**Secretary**  
NAME  
**Consuelo Paredes**  
STREET ADDRESS  
**Av. 3 F#50 N 16 Bo. La Flora**  
CITY-ST-ZIP  
**Cali, Valle, Colombia**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
**Treasurer**  
NAME  
**Hector Pinto Munoz**  
STREET ADDRESS  
**332 Madeira Avenue #6**  
CITY-ST-ZIP  
**Coral Gables, FL 33134**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(305) 443-9531**

Date

Daytime Phone #

CR2E034B (12/01)