

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90115 024 ***150.00

DOCUMENT # P01000003504

1. Entity Name
SOLART CORPORATION



Principal Place of Business
332 MADEIRA AVE
#6
CORAL GABLES FL 33134

Mailing Address
332 MADEIRA AVE
#6
CORAL GABLES FL 33134



2. Principal Place of Business
5560 Pacific Blvd.
Suite, Apt. #, etc.
410

3. Mailing Address
5560 Pacific Blvd.
Suite, Apt. #, etc.
410

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip Country
33433 USA

Zip Country
33433 USA

4. FEI Number **65-1071038**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAREDES, JULIAN S
332 MADEIRA AVE #6
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name **Solarte, Julian Jr.**
Street Address (P.O. Box Number is Not Acceptable)
5560 Pacific Blvd
Number 410
City **Boca Raton** **FL** Zip Code **33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PAREDES, JULIAN S**
STREET ADDRESS **332 MADEIRA AVE. #6**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☐ Delete
NAME **LINDO, JULIAN S**
STREET ADDRESS **AV. 3 F#50 N 16 BO. LA FLORA**
CITY-ST-ZIP **CALI, VALLE, COLOMBIA**

TITLE **S** ☐ Delete
NAME **PAREDES, CONSUELO**
STREET ADDRESS **AV.3 F#50 N 16 BO. LA FLORA**
CITY-ST-ZIP **CALI, VALLE, COLOMBIA**

TITLE **T** ☐ Delete
NAME **MUNOZ, HECTOR P**
STREET ADDRESS **332 MADEIRA AVENUE #6**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Solarte, Julian Jr.**
STREET ADDRESS **5560 Pacific Blvd. No. 410**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Solarte, Julian Sr.**
STREET ADDRESS **AV. 3 F No.50 N 16 Bo. La Flora**
CITY-ST-ZIP **Cali, Valle, Colombia**

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

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Pinto, Hector**
STREET ADDRESS **5560 Pacific Blvd. No. 410**
CITY-ST-ZIP **Boca Raton, FL 33433**

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

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

12. 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 10 or Block 11 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

Feb 21, 2003

Date

Daytime Phone #

561-3949582

CR2E034 (10/02)