


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 006 ***150.00

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

90113645

DOCUMENT # <u>P01000012641</u> 1. Entity Name <u>Solo on the Bay, Inc.</u> ✓	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10880 Collins Ave.</u>	3. Mailing Address <u>10880 Collins Ave</u>
Suite, Apt. #, etc. <u>Haulover Park</u>	Suite, Apt. #, etc. <u>Haulover Park</u>
City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>
Zip <u>33154-1000</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1089087</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>BENJAMIN, HAROLD L</u> Street Address (P.O. Box Number is Not Acceptable) <u>6249 Pines Blvd</u> City <u>PEMBROKE PINES FL</u> Zip Code <u>33024</u>		

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 _____ DATE APRIL 25, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>OFFICER - Director</u> <u>MICHAEL W. K.</u> <u>10880 Collins Ave</u> <u>MIAMI FL 33154-1000</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>OFFICER - Director</u> <u>KUPPERSCHEID, A.</u> <u>10880 Collins Ave</u> <u>MIAMI FL 33154-1000</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE APRIL 25, 2003 DAYTIME PHONE # 305.945.8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34B (12/02)