2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-24-2002 90274 047 ***150.00

DOCUMENT # P01000022918

1. Entity Name
SOL DESIGN & FURNITURE CORPORATION

Principal Place of Business	Mailing Address
850 SW 129 PL STE 210 MIAMI FL 33184	850 SW 129 PL STE 210 MIAMI FL 33184

2. Principal Place of Business	3. Mailing Address
10740 West Flagler St	10740 West Flagler St
Suite, Apt. #, etc. Ste # 9-10	Suite, Apt. #, etc. Ste 9-10
City & State Miami	City & State Miami
Zip FL Country 33174	Zip FL Country 33174

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1083239 ☐ 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
GUERRA, FRANCISCO E 850 SW 129 PL STE 210 MIAMI FL 33184	Name Guerra Francisco E Street Address (P.O. Box Number is Not Acceptable) 10740 West Flagler St Ste - 9-10 City Miami FL Zip Code 33174

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 X [signature] 04/10/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, FRANCISCO E 850 SW 129 PL STE 210 MIAMI FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSILLO, SOLANGE P 850 SW 129 PL STE 210 MIAMI FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: X [signature] SIGNATURE REQUIRED 04/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #