FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State **DOCUMENT#** P01000053605 1. Entity Name 05-30-2002 91601 033 ***150.00 SOLOTY, INC. Principal Place of Business Mailing Address 5 9 5 5 1 610 S.W. 116TH CT. 610 S.W. 116TH CT. **MIAMI FL 33174** MIAMI FL 33174 2. Principal Place of Business Mailir@Address 610 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Gity & State 4. FEI Number Applied For 65·111466 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33172·000 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLORZANO, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 610 S.W. 116TH CT. MIAMI FL 33174 City Zip Code 8. The above nam 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 egistered adent . 12.02 SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition SOLORZANO, MAURICIO NAME STREET ADDRESS 610 S.W. 116TH CT. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE ☐ Change Addition NAME SOLORZANO, FRANCISCO NAME STREET ADDRESS 610 S.W. 116TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE Delete_ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered

SIGNATURE:

Daytime Phone #

Date

FOR PROFIT CORPORATION FORM BUSINESS DESCRIPTION

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8. The above named entry sobmits this statement for the	e purpose of changing its r	registered office	or registere	d agent, or both, in the State of Florida.	
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Signature, typed of printed marge of registered agent and ti		Registered Agent sign		nen reinstating) DATE	<u>, c</u>
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(See criteria on back) 11. OFFICERS AND DIR	Make Check Payable	UBR is \$61.25 a to Departme	i nt of State	Truck Fund Consideration	Added to Fees
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I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true at all the compression of the compression	ing does not qualify for the	CITY-ST-ZIP	d in Santia-	110 O7(2)() Finish O	
indicated on this report or supplemental report is true at of the corporation or the receiver of unities enpowered attachment with an address, with all other like ampower	nd accurate and that my side to execute this report as and the contract this report as	gnature shall ha required by Cha	ve the same opter 607, Fi	legal effect as if made under oath; that I am grooted Statutes; and that my name appears in F	nat the information
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