2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
02-10-2002 90041 031 ***150.00

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DOCUMENT # P01000053780

1. Entity Name
SOLAR PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
11 LA GORCE CIRCLE MIAMI BEACH FL 33141	~~11 LA GORCE CIRCLE MIAMI BEACH FL 33141~~ 7810 AFTON VILLA CT Boca Raton FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7810 Afton Villa Court	7810 Afton Villa Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33433 Country:	Zip: Country:

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, LAWRENCE
11 LA GORCE CIRCLE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: Solomon, Lawrence
Street Address (P.O. Box Number is Not Acceptable): 7810 Afton Villa Ct
City: Boca Raton FL **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.

SIGNATURE [signature] DATE 1/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Lawrence Solomon MD Pres 7810 Afton Villa Ct Boca Raton FL 33433 as Tenby Ent ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Karen Solomon VP 7810 Afton Villa Ct Boca Raton FL 33433 as Tenby Ent ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] SIGNATURE REQUIRED — 1/20/02 — 561-852-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #