

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90138 001 \*\*\*150.00

**DOCUMENT #** : **P01000062524**

1. Entity Name

**SOLARIS CORPORATION**

Principal Place of Business

**6379 BARTON CREEK CIRCLE  
 LAKEWORTH FL 33463**

Mailing Address

**6379 BARTON CREEK CIRCLE  
 LAKEWORTH FL 33463**

2. Principal Place of Business

**4815 NW 79 AV**

Suite, Apt. #, etc.

**SUITE 12**

City & State

**MIAMI FL**

Zip

**33166**

Country

**DADE**

3. Mailing Address

**16140 SOUTH POST RD**

Suite, Apt. #, etc.

**APT. #304**

City & State

**WESTON FL**

Zip

**33331**

Country

**BROWARD**

4. FEI Number

**651114939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**QUIJANO, LUIS E**

**6379 BARTON CREEK CIRCLE  
 LAKEWORTH FL 33463**

7. Name and Address of New Registered Agent

Name

**JOHN SCARGLE**

Street Address (P.O. Box Number is Not Acceptable)

**1655 GRAY BARK DR**

City

**OLDTOWN**

**FL**

Zip Code

**34677**

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, 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

TITLE **PD** ☒ Delete  
 NAME **QUIJANO, LUIS E**  
 STREET ADDRESS **6379 BARTON CREEK CIRCLE**  
 CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE **VD** ☐ Delete  
 NAME **DUENAS, LUIS A**  
 STREET ADDRESS **6379 BARTON CREEK CIRCLE**  
 CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
 NAME **JOHN SCARGLE**  
 STREET ADDRESS **1655 GRAY BARK DR**  
 CITY-ST-ZIP **OLDTOWN FL 34677**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **LUIS A. DUENAS**  
 STREET ADDRESS **16140 SOUTH POST RD, #304**  
 CITY-ST-ZIP **WESTON FL 33331**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-02 3059865186**

Date

Daytime Phone #

CR2E034 (9/01)