

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90439 029 ***158.75

DOCUMENT # P01000066172

1. Entity Name

INTERNATIONAL SOLIDARITY, INC.

Principal Place of Business

~~10325 NW 9 ST. CIRCLE, UNIT 2~~
~~MIAMI FL 33172~~

Mailing Address

~~10325 NW 9 ST. CIRCLE, UNIT 2~~
~~MIAMI FL 33172~~

2. Principal Place of Business

30 SW 11 AV

3. Mailing Address

30 SW 11 AV.

Suite, Apt. #, etc.

APT. 9

Suite, Apt. #, etc.

APT. 9

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1150229

Applied For

Not Applicable

Zip

33130

Country

Zip

33130

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, PEDRO

~~10325 NW 9 ST. CIRCLE, UNIT 2~~
~~MIAMI FL 33172~~

7. Name and Address of New Registered Agent

Name
ACOSTA, PEDRO

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

30 SW 11 AV. ; APT. 9

City

MIAMI

FL

Zip Code

33130

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	DP	<input type="checkbox"/> Delete
NAME	ACOSTA, PEDRO	
STREET ADDRESS	10325 NW 9 ST. CIRCLE, UNIT 2	30 SW 11 AV.
CITY-ST-ZIP	MIAMI FL 33172	APT. 9 MIAMI, FL 33130

TITLE	DS	<input type="checkbox"/> Delete
NAME	ACOSTA, LUZ A	
STREET ADDRESS	10325 NW 9 ST. CIRCLE, UNIT 2	30 SW 11 AV.
CITY-ST-ZIP	MIAMI FL 33172	APT. 9 MIAMI, FL 33130

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 8, 2002 (786) 302 1222

CR2E034 (9/01)