

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90157 006 ***150.00

DOCUMENT # P01000074766

1. Entity Name
SOLIE CORPORATION



Principal Place of Business
**7101 S. DIXIE HWY
WEST PALM BEACH FL 33405**

Mailing Address
**7101 S. DIXIE HWY
WEST PALM BEACH FL 33405**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6230-10 W. Indianapolis Rd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jupiter Florida
Zip
33458

City & State

4. FEI Number
65-1133911

Applied For
Not Applicable

Country
Palm Beach

Zip
3

Country

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

6. Name and Address of Current Registered Agent

**RUBIO, JUAN J
7101 S DIXIE HWY
WEST PALM BEACH FL 33405- PB**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RUBIO, JUAN J**
STREET ADDRESS **7101 S. DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **V** ☐ Delete
NAME **RUBIO, DINA**
STREET ADDRESS **7101 S. DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 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

2/2/03

Date

(561) 308-9236

Daytime Phone #

CR2E034 (10/02)