3/22/2002-90056-023-$150.00-$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083884

1. Entity Name
RENE SOLIS PUBLISHING, INC.

FILED
02 OCT 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12350 NORTH WEST 7 TRAIL MIAMI FL 33172	12350 NORTH WEST 7 TRAIL MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12350 N.W 7 trail		12350 N.W 7 trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33182	Country	Zip	Country: DADE

4. FEI Number: 02-0575165 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOLIMAN, ANASTACIO B
12350 NORTH WEST 7 TRAIL
MIAMI FL 33172

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] 10/22/02
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 $550.00
After September 13, 2002 Fee will be $750.00
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	PRESIDENT ☐ Delete
NAME	RENE Sol
STREET ADDRESS	12350 N.W 7 trail
CITY-ST-ZIP	MIAMI FL 33182
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] 09 10 02 305 553-0873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)