FILED
Jul 18, 2002 8:00 am
Secretary of State
05-21-2002 91174 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112350

1. Entity Name
O & G SOLUTIONS CORP.

Principal Place of Business	Mailing Address
3483 TORREMOLINOS AVE. MIAMI FL 33178	3483 TORREMOLINOS AVE. MIAMI FL 33178

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
59-3759739

4. FEI Number 59-3759739 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DIAZ, NICOLAS O
3483 TORREMOLINOS AVE.
MIAMI FL 33178

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.

SIGNATURE _____ DATE
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	PD MICHELEN, GEORGINA 3483 TORREMOLINOS AVE. MIAMI FL 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIAZ, NICOLAS O 3483 TORREMOLINOS AVE. MIAMI FL 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MICHELEN, JOSE R 3483 TORREMOLINOS AVE. MIAMI FL 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICHELEN, ELENA D 3483 TORREMOLINOS AVE. MIAMI FL 33178 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [illegible] 6/26/02 (305) 477-3359
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bank of America

Cashier's Check

No. 2183158

Notice to Purchaser - In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

VOID AFTER 90 DAYS

Date APRIL 24, 2007

30-1/1140 (NTX)

If this check is not returned for cancellation by the remitter or presented for payment by the payee or an endorsee within one year after its date, it will be subject to a nonrefundable dormancy fee of $5.00 per month thereafter.

Banking Branch CORAL PLAZA

0109354 00003 2183158

D&G SOLUTIONS/NICOLAS O DIAZ

Remitter (Purchased By)

09-14-3726B 10-1999

Pay **ONE HUNDRED FIFTY DOLLARS AND 00 CENTS** $

To The Order Of **DIVISION OF CORPORATIONS**
****

Non-Negotiable

Bank of America, N.A.
San Antonio, Texas

Authorized Signature

Customer Copy
Retain For Your Records

001641002062

Attachment
9609
P01 000 112350