

# FORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112389

1. Entity Name

SOL GROUP SERVICES, INC.

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90934 018 \*\*\*158.75

Principal Place of Business  
 1370 WEST FLAGLER STREET  
 MIAMI FL 33135-2320

Mailing Address  
 1370 WEST FLAGLER STREET  
 MIAMI FL 33135-2320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156833

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

BAPTISTA, DANIEL  
 1370 WEST FLAGLER STREET  
 MIAMI FL 33135-2320

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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 BAPTISTA, DANIEL  
 1370 WEST FLAGLER STREET  
 MIAMI FL 33135-2320

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TITLE  
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

RECEIVED  
 DEPT. OF REVENUE  
 12 MAR 2002 PM 12:06

AIDA BAPTISTA  
 Secretary

2/18/02 305 541 6800