

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90357 011 ***150.00

P02000017492

FILED

03 OCT 22 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0047785 AV

DOCUMENT # P02000017492

1. Entity Name
FINSOLVE, INC.



Principal Place of Business
7745 SW 78TH ST.
MIAMI FL 33143

Mailing Address
7745 SW 78TH ST.
MIAMI FL 33143

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

43-1952010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

San Miguel, Luis E.

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

same

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SAN MIGUEL, LUIS E
STREET ADDRESS 7745 SW 78TH ST.
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

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

TITLE D
NAME SAN MIGUEL, MERCEDES A
STREET ADDRESS 7745 SW 78TH ST.
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

7/15/03

305-979-8549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

1082

8

FROM : HENRIQUESCPA

PHONE NO. : 3056622662

Oct. 21 2003 11:16AM P2

20f2

Attention: Barbara



FINSOLVE
Total Financial Solutions

July 15, 2003

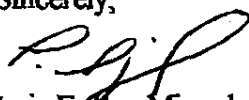
Florida Department of State
Division of Corporations
Tallahassee, FL 32302

Ref: Finsolve, Inc.
Document No. P02000017492

Dear Sirs:

Prior to this notice the corporation had NOT received a notice to file the 2003 Uniform Business Report. We respectfully request that the penalty be waived and that your office accept our \$150.00 filing fee.

Sincerely,


Luis E. San Miguel
President