

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90143 008 ***150.00

DOCUMENT # P02000054907

1. Entity Name

SOLIMAN REALTIES INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4040 Galt Ocean Drive

3. Mailing Address
4040 Galt Ocean Drive

Suite, Apt. #, etc.

516

Suite, Apt. #, etc.

516

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

04-3670773

Applied For

Not Applicable

Zip

Country

USA

Zip

33308-6502

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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90073643

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Daniel A Modas

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

1215 SE 2 Avenue # 202

City

Ft Lauderdale

FL

Zip

33308

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Ehab Soliman
4040 Glat Ocean Drive # 516
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Ehab Soliman

3/28/03

(954) 704-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)