ÉÜÉD

03 AUG -1

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

DOCUMENT #

P02000092061

CITY-ST-ZIP

DEL SOL OF MIAMI, INC.

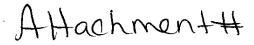


TĂLLAHÁŚŚĖE FLÖRIDA Mailing Address Principal Place of Business P. O. BOX 526144 P. O. BOX 526144 MIAMI FL 33152-6144 MIAMI FL 33152-6144 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For -0518993 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZOMERFELD, RAYMOND J Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD., #1045 **CORAL GABLES FL 33134** City 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 \$150.00 After May 1, 2003 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) ☐ Delete TITLE 2000220795**9** ☐ Addition DEL CAMPO, HENRY 08/05/03--01073--031 P. O. BOX 526144 STREET ADDRESS STREET ADDRESS MIAMI FL 33152-6144 CITY-ST-ZIF CITY-ST-ZIP TITLE **VTD** ☐ De!ete TITLE Change Addition MARTINEZ, ANNIE MAME NAME 1650 SW 35TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete □ Change Addition NAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE ☐ Change . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

417103 SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 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 frustee 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. 305)271-0049





July 29, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Del Sol Of Miami, Inc. EIN# 65-0518993

Document# P02000092061

The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on April 7, 2003 and more than three months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Raymond J. Zomerfeld, C.P.A.

For the firm

RJZ/an

Encl.

999 Ponce de Leon Blvd. Suite 1045 Coral Gables, FL 33134 Tel 305.444.8288

Fax 305.444.8280 5415 Mariner Street

Suite 215 Tampa, FL 33609

Tel 813.636.0609 Fax 813.636.9223

www.ogz-cpa.com

Members of:

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

National Association of Certified Valuation Analysts PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.