

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0260128 AV

DOCUMENT # P02000092061

1. Entity Name
DEL SOL OF MIAMI, INC.



FILED

03 AUG -1 2003

COPY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
P. O. BOX 526144
MIAMI FL 33152-6144

Mailing Address
P. O. BOX 526144
MIAMI FL 33152-6144

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
68-0518993

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD., #1045
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DEL CAMPO, HENRY P. O. BOX 526144 MIAMI FL 33152-6144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20002207999 08/05/03--01073--031 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTINEZ, ANNIE 1650 SW 35TH ST. MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

(305) 271-0049

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#



**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

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

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

RJZ/an

Encl.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**

Members of:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
National Association of
Certified Valuation Analysts