

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90138 023 \*\*\*150.00

DOCUMENT # P02000092282

1. Entity Name

SOL ACA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1290 Weston Road

3. Mailing Address

1290 Weston Rd.

Suite, Apt. #, etc. Suite

Suite 306

City & State  
Weston FL

City & State  
Weston FL

4. FEI Number

14-184-4964

Applied For

Not Applicable

Zip  
33326

Country  
USA

Zip  
33326

Country  
USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA A. DIAZ

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

1290 Weston Rd Suite 306

City

Weston

FL

Zip Code

33326

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

*Maria A. Diaz*

01/21/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD  
NAME GERAARDO MURILLO  
STREET ADDRESS 1290 Weston Rd Suite 306  
CITY-ST-ZIP Weston FL 33326

TITLE VPD  
NAME XAVIER MURILLO  
STREET ADDRESS 1290 Weston Rd Suite 306  
CITY-ST-ZIP Weston FL 33326

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03

Date

954-659-8835

Daytime Phone #

CR2E034B (12/02)