2003 FOR PROFIT CORPORATION

1/16

FILED Feb 14, 2003 8:00 am Secretary of State

01-16-2003 90064 034 ***158.75

UNIFORM BUSINESS REPORT (UBR)

P02000093324 **DOCUMENT #** SOL ACCESS INTERNATIONAL, INC.



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Principal Place of Business 2801 NE 183 STREET. SUITE SUITE# 1209			Mailing Address 2801 NE 183 STREET. SUITE SUITE# 1209						····	سم حرت المساس		
= AVENTURA FL 33160			AVENTURA FL 33160									
2. Principal Place of Business			3. Mailing Address					1 125(1851 11)	a kibih danih a z ini azki) 30 11 7 (0100 11100 11	[[]]] 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 52-2374817 Applied For Not Applicable				
Zip Country			Zip	ZipCount				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	ed Agent		<u> </u>	7.	Name and Addres	ss of New Regist			┥
						Name						╡
	svaldo M- 183 street	المنظمة المنظمة المنظمة المنظمة	 -	S			Street Address (P.O. Box Number is Not Acceptable)					
APT.#120	9			•		ļ -		 -				
	VA FL 33160					City				FL Zip Co		7
8. The above the obliga	e named entity itions of registr	submits this statement for ered agent.	r the purp	lose of changing its	registere	ed office or r	egistered a	igent, or both, in the	State of Florida.	I am familiar wit	h, and accept	
SIGNATURE		or printed name of registered agent a	nd title if app	vicable. (NOT)	E: Registered	d Agent signature	required when	reinstating)		DATE		
 	HE-NOWIII	-FEE-IS-\$150-00							· ·			-
		3 Fee will be \$550.00						J	ampaign Financin		00 May Be	-
		Florida Department of						Trust Fund	Contribution.	☐ Add	ed to Fees	
10.		OFFICERS AND (A	DDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 11	┥
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STREET ADDRESS CITY-ST-ZIP						T ADDRESS) [
12. I hereby certify that the information supplied with the				GIY-ST-Z			1- 0	440 07/02/07 57: 11	6 1-4 4 12			ļ. j
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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 of 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 a paddress, with all other like empowered.

SIGNATURE