

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/16

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

01-16-2003 90064 034 \*\*\*158.75

**DOCUMENT # P02000093324**

1. Entity Name  
**SOL ACCESS INTERNATIONAL, INC.**



Principal Place of Business  
**2801 NE 183 STREET, SUITE  
SUITE# 1209  
AVENTURA FL 33160**

Mailing Address  
**2801 NE 183 STREET, SUITE  
SUITE# 1209  
AVENTURA FL 33160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2374817**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate or Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARE, OSVALDO M  
2801 NE 183 STREET  
APT.#1209  
AVENTURA FL 33160**

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

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**

**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  
**P  
MARE, OSVALDO M  
2801 NE 183 STREET, SUITE#1209  
AVENTURA FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-13-03**

**(305) 792-9934**

Date

Daytime Phone #

CR2E034 (10/02)