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

## **DOCUMENT #**



**FILED** Feb 24, 2003 8:00 am Secretary of State

| Country   Zip   Country   Sip   Country   S. Certificate of Status Desired   S. 7. Additional Fee Required   S. 7. Name and Address of New Registered Agent   T. Name and Address   T. Name and Ad                                | 1. Entity N                           |                        | SOLUTIONS, IN  | C.                               | N. C. |  | 02-24-2003 90241 037 ***150.00  |
|---|---------------------------------------|------------------------|--|----------------------------------|---|--|---|
| Suries Apt. 4 etc.   Chip & State   Chy & State   A. FEI Number   Applied For Registered Agent   Not Applied For Register                              | 3857 SW 1                             | 70TH AVE               | SS   | 3857 SW 170TH AVE                |   | - WE !   |   |
| Suries Apt. 4 etc.   Chip & State   Chy & State   A. FEI Number   Applied For Registered Agent   Not Applied For Register                              | 2. Principa                           | Place of Busi          | ness   | 3. Mailing Address               |   |  |   |
| City & State  Ci                              | Suite, Apt. #, etc                    |                        |  | Suite And H                      |   |  | 1100 11 |
| A FER Number  |                                       |                        |  |                                  |   |  | ☐ CHECK HERE IF MAKING CHANGES  |
| S. Cert Reate of Status Desired   |                                       |                        |  | City & State                     |   |  | I IMpolied Fol  |
| TORRES, ARLE 3857 SW 170TH AVE MIRAMAR FL 33027  City  City  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 111  THE  TORRES, ARLE 3857 SW 170TH AVE MIRAMAR FL 33027  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TORRES, ARLE 3857 SW 170TH AVE  THE  THE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TORRES, ARLE 3857 SW 170TH AVE  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  TORRES, ARLE 3857 SW 170TH AVE  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  TORRES, ARLE 3857 SW 170TH AVE  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  THE NOW!! FEE IS \$150.00  MAKE ADDITION OF THE NOW!! FEE IS \$150.00  MAKE ADDITION OF       | Zip                                   | i                      | Country  | Zip                              | Country                                   |  | 5. Certificate of Status Desired \$8.75 Additional  |
| TORRES, ARLE 3357 SW 170TH AVE MIRAMAR FL 33027  City  FL Zip Code  The above named entity submits mis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc  SIGNATURE  STORMAR STEEL NOWN.I. FEEL IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheeck Payable to Florida Department of State  To. OFFICERS AND DIRECTORS  TO STORMAR FL 33027  TORRES, ARLE  MAKE MIRAMAR FL 33027  THE  M                            |                                       | 6. Name                | and Address of Curre   | ent Registered Agent             |   | <u>.</u>   | 7. Name and Address of New Registered Agent   |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code                                | TORRES                                | . ARLE                 |  |                                  | Name                                      |  | egistoed kgem   |
| MIRAMAR FL 33027  City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc state, aboligations of registered agent.  SIGNATURE  Signava, liposed or printed name or trigitioned agent and fire 7 spolicable  PILE NOWILI, FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  D ORNES, ARLE 3957 SW 1701H AVE  SIRET ADDRESS CITY-S1-2P  TILL  NAME SIRET ADDRESS CITY-S1-2P  TILL  SIRET ADDRESS CITY-S1-2P  TILL  NAME SIRET ADDRESS CITY-S1-2P  TILL  SIRET ADDRESS CI                            |                                       |                        |  |                                  | Street                                    | Address (P                                       | P.O. Box Number is Not Acceptable)  |
| S. The above named certity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acc through the control of the state of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of change of the purpose of                              |                                       |                        | in the second second   |                                  | <u> </u>                                  | <del></del>                                      |   |
| S. The above named certity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acc through the control of the state of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc statement for the purpose of change of the purpose of                              |                                       |                        |  |                                  | City                                      | <del></del>                                      |   |
| SIGNATURE    Signature   Signature   Signature   Signature   Agent acquaint area of implicational approximated approximated Agent acquaints acquainted when reprotationally   Date  | 8. The above                          | e named entity         | submits this statement   | t for the purpose of changing it |   | Or registera                                     | EL Zip Code   |
| FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS OCHY-ST-2P MIRAMAR FL 33027  TITLE MAME STREET ADDRESS OCHY-ST-2P  TITLE MAME MAME STREET ADDRESS OCHY-ST-2P  TITLE MAME MAME MAME STREET ADDRESS STREET ADDRE                            | tne,¢oliga                            | itions of regist       | ered agent.  |                                  |   | or registere                                     | ad agent, or both, in the State of Horida. I am familiar with, and accept   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheever May 1, 2003 Fee will be \$550.00 Make Shreet Address Chrys-1-2p Make Make Make Make Make Make Shreet Address Chry-51-2p Make Make Make Make Shreet Address Chry-51-2p Make Make Make Shreet Address Chry-51-2p Make Make Make Shreet Address Chry-51-2p Make Make Shreet Address Chry-51-2p Make Shreet Address Chry-51-2p Make Make Shreet |                                       | Signature, typed       | Or printed game of registered on   | and and Mark                     |   |  |   |
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| TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS                               | Afte<br>Make Chec                     | r May 1, 200           | 3 Fee will be \$550.0  | 0<br>of State                    |   |  | 9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   |
| TORRES, ARLE 3857 SW 170TH AVE 3857 SW 170TH AVE MIRAMAR FL 33027  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       | T                      | OFFICERS AN  | D DIRECTORS                      | 11.                                       |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME<br>STREET ADDRESS                | TORRES, A<br>3857 SW 1 | 70TH AVE   | ☐ Delete                         | NAME<br>STREET ADDRESS                    |  |   |
| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   |                                       |                        |  | ☐ Delete                         |   | <del>                                     </del> | Chart Chart   |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TILE MAME MAME MAME MAME MAME MAME MAME MA   | STREET ADDRESS                        |                        |  |                                  | STREET ADDRESS                            |  | ☐ Change ☐ Addition   |
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| AME  AME  NAME  STREET ADDRESS  TY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  | AME<br>TREET ADDRESS<br>ITY-ST-ZIP    |                        |  | ☐ Delete                         | NAME<br>STREET ADDRESS                    |  | ☐ Change ☐ Addition   |
|   | AME<br>IREET ADDRESS<br>TY-ST-ZIP     | artify that the in     | oformation or continued in   |                                  | NAME<br>STREET ADDRESS                    |  | ☐ Change ☐ Addition   |

Indeedy certify that the information supplied with this filling 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 changed, or on an attachment with an explores, with all the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Kuired YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (954)540-3434