

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

DOCUMENT # P02000119002

Entity Name

SOLID RESTORATION INCORPORATED

DO NOT WRITE IN THIS SPACE

FILED

03 AUG 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022480003

08/21/03--01042--026 **158.75

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2. Principal Place of Business <u>8360 WEST FLAGLER ST.</u> Suite, Apt. #, etc. <u>204</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33144</u> Country <u>U.S.A</u>		3. Mailing Address <u>8360 W. FLAGLER ST</u> Suite, Apt. #, etc. <u>204</u> City & State <u>MIAMI, FLORIDA</u> Zip <u>33144</u> Country <u>U.S.A</u>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERTO INGUANZO
Street Address (P.O. Box Number is Not Acceptable) 240 SOUTH COCONUT LANE
City MIAMI BEACH, FL FL Zip Code 33139

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.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

JUNE 5, 2003

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ROBERTO INGUANZO</u> <u>240 S. COCONUT LN.</u> <u>MIAMI BEACH, FLORIDA 33139</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>FRANCISCO INGUANZO</u> <u>240 S. COCONUT LN.</u> <u>MIAMI BEACH, FL. 33139</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>LUIS PERREIRA</u> <u>17950 S.W. 147 CT</u> <u>MIAMI, FLORIDA. 33177</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 5, 2003 (305) 525-2949
Date Daytime Phone #

7/4/03

To Whom It May Concern:

I am writing on behalf of Solid Restoration Incorporated. My name is Robert Inguanzo, the President of the company. This letter is in regards to the annual business report, which I never received. This is my first year running a business and I am asking that you please waive the late fee charge and accept my regular payment. If there are any questions please feel free to contact me at (305) 525-2949. Thank you very much.

X

ROBERT INGUANZO