2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90309 038 ***158.75

DOCUMENT # P93000075926

1. Entity Name
SOLAR PROTECTION INC.

Principal Place of Business	Mailing Address
8082 W 21 COURT HIALEAH FL 33016 US	SOLAR PROECTEITION INC PO BOX 173155 MIAMI FL 33017 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	8082 W. 21 Ct	3. Mailing Address	Box 173155
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	Hialeah Fl	City & State	Miami Lakes
Zip	33016	Zip	33017
Country	Dade	Country	Dade

4. FEI Number 65-0470619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGH, MANNY 6610 N UNIV DR SUITE 220 FORT LAUDERDALE FL 33321	Name: Michael H. Wolf Street Address (P.O. Box Number is Not Acceptable): 1876 N. University Dr. City: Plantation FL Zip Code: 33322

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 Michael H. Wolf 4/17/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHISHOLM, LEWIS 8850 N.W. 191 STREET MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lewis Chisholm 4/17/01 305 822 3415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)