

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90318 045 ***150.00

DOCUMENT # P93000085761

1. Entity Name
SOLEIL DESIGN BUILD INC.

Principal Place of Business 4321 BAY TO BAY BLVD. TAMPA FL 33629 US	Mailing Address 4321 BAY TO BAY BLVD. TAMPA FL 33629 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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SBAR, KARYN K. 4301 LEONA ST. TAMPA FL 33629		Name	
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		Street Address (P.O. Box Number is Not Acceptable)	
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		City	
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		FL	
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		Zip Code	
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4. FEI Number	59-3218592	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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Name			
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Street Address (P.O. Box Number is Not Acceptable)			
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City	FL	Zip Code	
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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 *Karyn K. SBAR* N/A *Karyn K. SBAR* *HS* *3/1/01* *RLK*

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)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	SBAR, KARYN K.		NAME		
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STREET ADDRESS	4301 LEONA ST.		STREET ADDRESS		
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CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
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TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	TAHIRI, KARIM H.		NAME		
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STREET ADDRESS	4301 LEONA ST.		STREET ADDRESS		
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CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
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TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	SBAR, SUSAN S.		NAME		
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STREET ADDRESS	4914 ST. CROIX DR.		STREET ADDRESS		
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CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karyn K. SBAR* 3/1/01 873-879-9262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)