

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90059 017 ***150.00

DOCUMENT # P94000016184

Entity Name
SOLITUDE COMMERCIAL INVESTMENTS, INC.

Principal Place of Business

**154 NW 75TH ST.
 SUITE 5
 MEDLEY FL 33166**

Mailing Address

**6854 NW 75TH ST.
 SUITE 5
 MEDLEY FL 33166-2561**

826434



DO NOT WRITE IN THIS SPACE

Principal Place of Business

16150 S.W. 328 ST.

3. Mailing Address

16150 S.W. 328 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL.

City & State

HOMESTEAD, FL.

4. FEI Number

65-0468958

Applied For

Not Applicable

Zip **33035**

Country **USA**

Zip **33035**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEPHENS, JOHN D
 6854 NW 75TH ST.
 SUITE 5
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name **JOHN D. STEPHENS**

Street Address (P.O. Box Number is Not Acceptable)

16150 S.W. 328 ST.

City **HOMESTEAD**

FL

Zip Code **33035**

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 title if applicable.

JOHN D. STEPHENS, DIRECTOR

3-8-2000

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE ME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JOHN D 6854 NW 75TH ST., SUITE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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LE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOHN D. STEPHENS

3-8-2000

305-884-2925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)