2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000025058** SOLUTIONS-HAMMOCK, INC. .

Signature, typed or printed name of registered agent and title if applicable.

C/O COLONIAL BANK 301 41ST ST

C/O COMM. MOSS, 111 NW 1ST ST

MIAMI BEACH FL 33140

BROWN, MISTY

MIAMI FL 33128

9. This corporation is eligible to satisfy its Intangible

FILED May 01, 2000 8:00 am Secretary of State

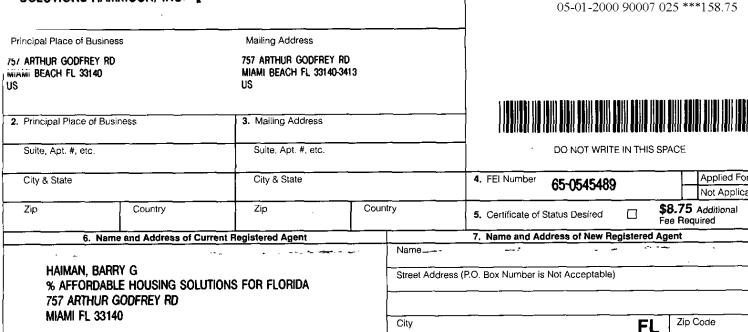
Applied For

Zip Code

\$5.00 May Be

Not Applicable

05-01-2000 90007 025 ***158.75



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.

Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE HAIMAN, BARRY G NAME NAME STREET ADDRESS **801 COLLINS AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAL HARBOUR FL 33154** ☐ Change ☐ Addition Delete TITLE TITLE AMAYA, MORRIS NAME NAME 14629 SW 104 ST 216 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change Addition ☐ Delete TITLE TITLE JONES, LUVERNE NAME 1 SE 3RD AVE 20TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LITTLE, DEWAYNE L NAME 1250 FUNSTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE GOLDBERG, LARRY NAME

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

13. I hereby 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M Delete

10. Election Campaign Financing

Change

Addition