

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90083 042 ***150.00

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DOCUMENT # P94000049061

1. Entity Name
SOLOW ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~11610 N.E. 21ST DRIVE~~
~~NORTH MIAMI FL 33181~~

~~11610 N.E. 21ST DRIVE~~
~~NORTH MIAMI FL 33181~~



2. Principal Place of Business

3. Mailing Address

16095 NW 57 Ave
 Suite, Apt. #, etc.

16095 NW 57 Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Fla

City & State

Miami Fla

4. FEI Number

65-0505283

Applied For

Not Applicable

Zip
33014

Country
Dade

Zip

33014

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOW, SARAJANE
11610 N.E. 21ST DRIVE
NORTH MIAMI FL 33181

Name

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

City

FL

Zip Code

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 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, 2002 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 ☐ Delete
 NAME **D SOLOW, SARAJANE**
 STREET ADDRESS **11610 N.E. 21ST DRIVE**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-2002 305-623-9104

CR2E034 (9/01)