

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026500

1. Entity Name
SOL B CORP.



Principal Place of Business
2945 FLAMINGO DR
MIAMI BCH FL 33140
US

Mailing Address
2945 FLAMINGO DR
MIAMI BEACH FL 33140-3916
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0570866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENET, S. MICHAEL
2945 FLAMINGO DR
MIAMI BEACH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME GENET, S. MICHAEL
STREET ADDRESS 2945 FLAMINGO DR
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE Change Addition
NAME 2000023276802
STREET ADDRESS 09/23/03-01021--030 **150.00
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sol B Corp* REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/20/03 (3057)
672 1122

0692017
F

CR2E034 (10/02)

Attachment

#FP95000026500 9/13/03

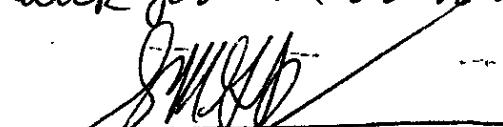
Fla Dept of State
POB 6327
Tallahassee, Fl. 32314

To whom it may concern:
My bookkeeper has been in and out
of the hospital for many months.
She returned in June and found
these 2 corporate 2003 Uniform Business
Report forms. I signed checks and
she misplaced them. She has not
returned & is on her death bed.
I just found these 2 documents.

- 1) M 81002
- 2) P 95000026500

Would you please except the payment
enclosed of \$150. for each report
as payment in Full?

Thank you in advance.


Michael Genet as agent or less.
of the respective Corps.