

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064841

1. Entity Name
DEL SOL MARKETING, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90120 004 ***150.00

Principal Place of Business
6970 SW 55 TERR
MIAMI FL 33155
US

Mailing Address
P.O. BOX 526144
MIAMI FL 33152-6144
US

2. Principal Place of Business

3. Mailing Address

999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1045

City & State

City & State
CORAL GABLES, FL

4. FEI Number 65-0622033

Applied For
Not Applicable

Zip Country

Zip Country
33134 US

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

DEL CAMPO, HENRY
8844 S.W. 100TH STREET
MIAMI FL 33176

Name

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

999 PONCE DE LEON BLVD #1045

City CORAL GABLES FL Zip Code 33134

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 *Henry Del Campo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-17-02

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 NAME ☐ Delete
P
DEL CAMPO, HENRY
STREET ADDRESS 8844 S.W. 100TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☒ Change ☐ Addition
999 PONCE DE LEON #1045
STREET ADDRESS
CITY-ST-ZIP CG, FL 33134

TITLE NAME ☐ Delete
VP
DEL CAMPO, MARIANA V
STREET ADDRESS 8844 S.W. 100TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☒ Change ☐ Addition
999 PONCE DE LEON #1045
STREET ADDRESS
CITY-ST-ZIP CG FL 33134

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *Henry Del Campo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 15 2002

Date

Daytime Phone #

CR2E034 (9/01)