

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000222

1. Entity Name

SOL ITO INTERNATIONAL GROUP, INC.

Principal Place of Business

1813 SOUTHWEST 180 TERRACE
MIRAMAR FL 33029

Mailing Address

1813 SOUTHWEST 180 TERRACE
MIRAMAR FL 33029

2. Principal Place of Business

18027 S.W. 12 CT

3. Mailing Address

18027 S.W. 12 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0631183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLITO, GIUPPE ALDO	
STREET ADDRESS	1813 SOUTHWEST 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOOKDEW-SING, STACY ANN	
STREET ADDRESS	1813 SOUTHWEST 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOOKDEW-SING, ROBERTO R	
STREET ADDRESS	1813 SOUTHWEST 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	STO	<input type="checkbox"/> Delete
NAME	SOLITO, LUCY ROSE	
STREET ADDRESS	1813 SOUTHWEST 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	DECEASED 4-29-2000
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18027 S.W. 12 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL, 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18027 S.W. 12 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL, 33029	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18027 S.W. 12 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL, 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2001

Date

954-433-3512

Daytime Phone #

0115168

CR2E034 (10/00)