

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020028

1. Entity Name  
**SOLAND APTS, INC.**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90046 011 \*\*\*150.00

Principal Place of Business Mailing Address  
**614 N E 29TH DRIVE**  
**WILTON MANORS FL 33334**  
**US** **P O BOX 9882**  
**CORAL SPRINGS FL 33075**  
**US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0674672** Applied For  
Not Applicable

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

**JEAN-PIERRE, ANDRE**  
**5077 NW 96TH DR.**  
**CORAL SPRINGS FL 33076**

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  (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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JEAN PEIRRE, SOLANGES</b> <b>5077 NW 96TH DR</b> <b>CORAL SPRGS FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>JEAN PIERRE, ANDRE</b> <b>5077 NW 96TH DR</b> <b>CORAL SRPGS FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  ANDRE JEAN-PIERRE

Date **3/6/01** Daytime Phone # **954-755-5912**

CR2E034 (10/00)