

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90035 044 ***150.00

0342781

DOCUMENT # P96000078762

1. Entity Name

SOLOMON ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

**5301 W. CYPRESS SUITE 307
TAMPA FL 33607**

Mailing Address

**5301 W. CYPRESS SUITE 307
TAMPA FL 33607**

708757

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 202

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3399266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEKONNEN, SOLOMON
5301 W. CYPRESS SUITE 307
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

Suite 202

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 also applicable.

(NOTE: Registered Agent signature required when reinstating)

1-26-01

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** ☐ Delete
NAME **MEKONNEN, SOLOMON**
STREET ADDRESS **5301 W. CYPRESS SUITE 307**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VPD** ☐ Delete
NAME **MURRAY, RAYMOND E**
STREET ADDRESS **5301 W. CYPRESS SUITE 307**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **STVP** ☐ Delete
NAME **SALING, GARY**
STREET ADDRESS **5301 W CYPRESS ST STE 307**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *Suite 202*
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *Suite 202*
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *Suite 202*
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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, was duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAS **Solomon**
Halle-Selassie
Mekonnen

1-26-01

Date

813-287-1010

Daytime Phone #

CR2E034 (10/00)