

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90212 012 ***150.00

DOCUMENT # P96000085649

1. Entity Name

~~CHAMBER PRESS PLUS CORPORATION~~

Sol-Lil Associates Inc.

Principal Place of Business

1750 UNIVERSITY DRIVE STE-207-
CORAL SPRINGS FL 33071

Mailing Address

1750 UNIVERSITY DRIVE STE-207-
CORAL SPRINGS FL 33071

2. Principal Place of Business

1750 University Dr.
Suite, Apt. #, etc.

Suite 217

City & State

Coral Springs, Fl.

Zip

33071

Country

USA

3. Mailing Address

1750 University Drive
Suite, Apt. #, etc.

Suite 217

City & State

Coral Springs, Fl.

Zip

33071

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0711318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANGORA, C D
200 SOUTHEAST 18TH COURT
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

David A. Netburn

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

6800 W. Commercial Blvd., Suite 5

City

Ft. Lauderdale

FL

Zip Code

33319

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

4/27/01

Typed or printed name of registered agent, 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 ☐ Delete
NAME **D**
STREET ADDRESS **SALOMON, GERSON**
CITY-ST-ZIP **1750 UNIVERSITY DRIVE STE-207 217**
CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

CR2E034 (10/00)