

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000068930**

1. Entity Name

SOL FUERZA INTERNATIONAL, INC.

Principal Place of Business

**C/O NICOLAS FERNANDEZ
780 NW LEJEUNE, SUITE 324
MIAMI FL 33126
US**

Mailing Address

**C/O NICOLAS FERNANDEZ
780 NW LEJEUNE, SUITE 324
MIAMI FL 33126
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

65-0779411

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

**ESQUIRE CORPORATE SERVICES, INC.
780 N.W. LEJEUNE ROAD
SUITE 324
MIAMI FL 33126**

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 not 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete
NAME	BARRAL FERNANDEZ, FRANCISCO	
STREET ADDRESS	780 NW LEJEUNE ROAD, SUITE 324	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	S	☐ Delete
NAME	BEKKITA, CARMEN S	
STREET ADDRESS	780 NW LEJEUNE ROAD, STE 324	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	T	☐ Delete
NAME	BOLAO, D. ANTONIO M	
STREET ADDRESS	780 NW LEJEUNE ROAD, STE 324	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-16-2001 90023 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**Mr. Francisco
Barral
Fernandez****2/14/01**