

11 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072480

Entity Name
SOL, INC.

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90133 022 ***150.00

Principal Place of Business CASTLEGATE AVE. DAVIE FL 33331	Mailing Address 5790 CASTLEGATE AVE. DAVIE FL 33331
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Principal Place of Business	3. Mailing Address
Room, Apt. #, etc.	Suite, Apt. #, etc.

County & State	City & State	4. FEI Number 65-0776462	Applied For <input type="checkbox"/> Not Applicable
Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODRIGUEZ, GUILLERMO P 5790 CASTLEGATE AVE. DAVIE FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DELETE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, GUILLERMO P 5790 CASTLEGATE AVE. DAVIE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ARTURO E 15600 NW 83RD PLACE MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, NORMA L 5790 CASTLEGATE AVE. DAVIE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY - ST - ZIP	D PONS, MARGARITA M 15600 NW 83RD PLACE MIAMI FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARGARITA PONS 4/7/01 (855) 827-4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)