

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076196

1. Entity Name

SOLAJI GROUP, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90939 007 ***150.00

Principal Place of Business

9521 FONTAINEBLEAU BLVD
SUITE 221
MIAMI FL 33172

Mailing Address

9521 FONTAINEBLEAU BLVD
SUITE 221
MIAMI FL 33172-6830

2. Principal Place of Business

9531 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

SUITE 301

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Address

9531 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

SUITE 301

City & State

MIAMI, FL

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0781905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOASIL, ABEL
9521 FONTAINEBLEAU BLVD
SUITE 221
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

JOASIL, ABEL

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

9531 FONTAINEBLEAU BLVD

SUITE 301

City

MIAMI, FL

FL

Zip Code

33172

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 title 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, 2000 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 P
STREET ADDRESS JOASIL, ABEL
CITY-ST-ZIP 9521 FONTAINEBLEAU BLVD STE 221
MIAMI FL 33172

TITLE ☐ Delete
NAME D
STREET ADDRESS CYRIAQUE, CLAREL
CITY-ST-ZIP 12700 BISCAYNE BLVD SUITE 300
NORTH MIAMI FL 33181

TITLE ☐ Delete
NAME D
STREET ADDRESS MARTINEZ, PAUL
CITY-ST-ZIP 2036 2ND AVE SUITE 3
NEW YORK NY 10029

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
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 V
STREET ADDRESS DANIELE JOASIL
CITY-ST-ZIP 9531 FONTAINEBLEAU BLVD, SUITE 301
MIAMI, FL 33172

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS HARRYS HOLLAND LATORTUE
CITY-ST-ZIP 69 NW 90 ST
EL PORTAL, FL 33138

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: ABEL JOASIL ABEL JOASIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (305) 223-9805
Date Daytime Phone #

CR2E034 (9/99)