

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092205

1. Entity Name

SOLO MEMORIA, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90095 026 ***150.00

Principal Place of Business

2918 NW 72 AVE
MIAMI FL 33122
US

Mailing Address

7730 SW 68 TERRACE
MIAMI FL 33143

2. Principal Place of Business

8390 NW 53 ST

3. Mailing Address

P.O. BOX 832137

Suite, Apt. #, etc.

#311

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

US

Zip

33283-2137

Country

US

4. FEI Number 65-0792128

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

BALLESTAS AND ASSOCIATES, INC.
7730 SW 68 TERRACE
MIAMI FL 33143

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 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, 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 PD
NAME LACAU, RICARDO
STREET ADDRESS 2918 NW 72 AVE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE PD
NAME LACAU, RICARDO
STREET ADDRESS 8390 NW 53 ST # 311
CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

TITLE SD
NAME SACCHETTI, NICOLETTA
STREET ADDRESS 2918 NW 72 AVE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE SD
NAME SACCHETTI, NICOLETTA
STREET ADDRESS 8390 NW 53 ST # 311
CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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)