

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90090 008 ***150.00

DOCUMENT # P97000105399

1. Entity Name
SOLIS DESIGNS, INC.



Principal Place of Business
**1631 WOODBRIDGE LAKES CIRCLE
WEST PALM BEACH FL 33406
US**

Mailing Address
**PO BOX 7103
WEST PALM BEACH FL 33405
US**

90005543



2. Principal Place of Business **Blvd**
398 W. Camino Gardens

3. Mailing Address
398 W. Camino Gardens Blvd.

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.
#103

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-0791889**

Applied For
☐ Not Applicable

Zip **33432-5827** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

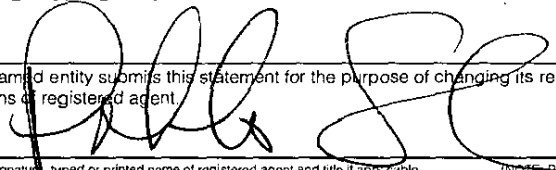
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLIS, PABLO
1631 WOODBRIDGE LAKES CIR.
WEST PALM BEACH FL 33406**

Name **Solis, Pablo**
Street Address (P.O. Box Number is Not Acceptable)
**398 W. Camino Gardens Blvd
#103**
City **Boca Raton** FL Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-14-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SOLIS, PABLO**
STREET ADDRESS **1631 WOODBRIDGE LAKES CIR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition
NAME **398 W. Camino Gardens Blvd #103**
STREET ADDRESS **Boca Raton FL 33432-5827**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SOLIS, MERCEDES**
STREET ADDRESS **1631 WOODBRIDGE LAKES CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition
NAME **398 W. Camino Gardens Blvd #103**
STREET ADDRESS **Boca Raton FL 33432-5827**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03

561-392-4570

CR2E034 (10/02)