

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019679

1. Entity Name
SOLO GRAPHICS, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90310 027 ***150.00

Principal Place of Business

**911 MERIDIAN AVENUE
STE 201
MIAMI BEACH FL 33139**

Mailing Address

**911 MERIDIAN AVENUE
STE 201
MIAMI BEACH FL 33139**

00010013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SOLO GRAPHICS, INC
Suite, Apt. #, etc.

1400 LINCOLN ROAD 606

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

3. Mailing Address

SOLO GRAPHICS, INC
Suite, Apt. #, etc.

1400 LINCOLN ROAD 606

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

4. FEI Number **65-0816635**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MELONI, MAURIZIO
911 MERIDIAN AVENUE
STE 201
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

02/01/01
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

TITLE **PVST** ☒ Delete
NAME **MELONI, MAURIZIO V**
STREET ADDRESS **911 MERIDIAN AVE, STE 201**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☒ Delete
NAME **MELONI, MAURIZIO V**
STREET ADDRESS **911 MERIDIAN AVE, STE 201**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MELONI MAURIZIO**
STREET ADDRESS **1400 LINCOLN ROAD #606**
CITY-ST-ZIP **MIAMI BEACH - FL - 33139**

TITLE ☒ Change ☐ Addition
NAME **MELONI MAURIZIO**
STREET ADDRESS **1400 LINCOLN ROAD #606**
CITY-ST-ZIP **MIAMI BEACH - FL - 33139**

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
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: MAURIZIO MELONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01 305-643-5000
Date Daytime Phone #

CR2E034 (10/00)