

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **998000062800**

1. Entity Name
SOLVENCA EXPRESS INC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**5203 GRANADA BLVD
CORAL GABLES, FLA
33146**

Principal Place of Business 3. Mailing Address
5203 GRANADA BLVD **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL GABLES, FLA **SAME**
Zip Country Zip Country
33146 **SAME**

4. FEI Number Applied For
65-0937483 Not Applicable

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

6. Name and Address of Current Registered Agent
**JOSE ANTONIO MARTINEZ
11234 S.W. 62ND LANE
MIAMI, FL 33173**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (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) ☐

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

OFFICERS AND DIRECTORS	
PRESIDENT JOSE ANTONIO MARTINEZ 11234 S.W. 62ND LANE MIAMI, FLA 33173 ST-ZIP	☐ Delete
VICE PRESIDENT RAMON NOJDA 1765 EAST 9TH AVE HIALEAH, FLA 33016 ST-ZIP	☐ Delete
RODOLFO SOLARES 5203 GRANADA BLVD CORAL GABLES, FLA 33146 ST-ZIP	☐ Delete
ST-ZIP	☐ Delete
ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VICE PRESIDENT JOSE ANTONIO MARTINEZ 11234 S.W. 62ND LANE MIAMI, FLA 33173 ST-ZIP	☒ Change ☐ Addition
DIRECTOR RAMON NOJDA 1765 EAST 9TH AVE HIALEAH, FLA 33016 ST-ZIP	☒ Change ☐ Addition
PRESIDENT RODOLFO SOLARES 5203 GRANADA BLVD CORAL GABLES, FLA 33146 ST-ZIP	☒ Change ☐ Addition
ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Change ☐ 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: **Director** 2/11/2000 786-457-9463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #