

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080140

1. Entity Name

SOL DEL CARIBE CORP.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90063 004 \*\*\*150.00

Principal Place of Business

Mailing Address

7941 SW 152 AVE.  
UNIT # 1402  
MIAMI FL 33193

7941 SW 152 AVE.  
UNIT # 1402  
MIAMI FL 33193-3217

2. Principal Place of Business

11865 SW 26 ST

3. Mailing Address

11865 SW 26 ST

Suite, Apt. #, etc.

B-9

Suite, Apt. #, etc.

B-9

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868695

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

MARTINEZ, AMAURYS

7941 SW 152 AVE.  
UNIT # 1402  
MIAMI FL 33193

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARTINEZ, AMAURYS  
STREET ADDRESS 7941 SW 152 AVE. UNIT #1402  
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME MONTESINO, ZORAIDA  
STREET ADDRESS 7941 SW 152 AVE. UNIT #1402  
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME MARTINEZ, NOHAIR M  
STREET ADDRESS 7941 SW 152 AVE. UNIT #1402  
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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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

4-30-00

Date

305-221-7100

Daytime Phone #

CR2E034 (9/99)