## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State P98000089700 DOCUMENT # 1. Entity Name 05-15-2002 90113 005 \*\*\*150.00 SOLO 3-M ENTERPRISES, INC. Principal Place of Business Mailing Address 1005 S W 87TH AVENUE 14045 S.W. 30TH STREET MIAMI FL 33174 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0871817 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MESA, JORGE Street Address (P.O. Box Number is Not Acceptable) 14045 S.W. 30TH STREET **MIAMI FL 33175** Zip Code City, 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE MESA, JORGE NAME NAME 14045 S.W. 30TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MESA-GARCIA, JORGE NAME STREET ADDRESS STREET ADDRESS 14045 S W 30TH STREET **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

305-266-0575

Daytime Phone #

**FILED**