2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DÖCUMENT # **P99000004790** May 02, 2000 8:00 am Secretary of State SOL ENTERPRISES, INC. 05-02-2000 90119 007 ***150.00 Principal Place of Business Mailing Address 9601 COLLINS AVENUE, UNIT 606 9601 COLLINS AVENUE, UNIT 606 **BAL HARBOUR FL 33154-2212** BAL HARBOUR FL 33154 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Country 5. - Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JOSE A SUN TRUST BUILDING 777 BRICKELL AVE., SUITE 950 **MIAMI FL 33131** s styrtement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti SIGNATUR and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This porporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D Change ■ Addition TIT! F TITLE ☐ Delete **NEUSTADT, BERNARDO** NAME NAME STREET ADDRESS 9601 COLLINS AVENUE, UNIT 606 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BAL HARBOUR FL 33154 ☐ Change ☐ Addition ☐ Delete TITLE BIEDMA DE NEUSTADT, CLAUDIA NAME 9601 COLLINS AVENUE, UNIT 606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154 CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 ddress, with all other like empowered

Daytime Phone #