

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90010 014 ***150.00

DOCUMENT # P99000035937

1. Entity Name
SOL SERVICES INC.

Principal Place of Business 11710 NW SO. RIVER DR #314 MEDLEY FL 33178	Mailing Address 11710 NW SO. RIVER DR #314 MEDLEY FL 33178-1165
---	--

2. Principal Place of Business <i>10119 UN 126 TERR</i>	3. Mailing Address <i>10119 UN 126 TERR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>HIALEAH GARDENS FL.</i>	City & State <i>HIALEAH GARDENS FL.</i>
Zip <i>33018</i>	Country
Country	Zip <i>33018</i>
Country	Country

4. FEI Number <i>62-0912315</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VAZQUEZ, HECTOR
1800 WEST 49TH ST.
SUITE 213
HIALEAH FL 33012

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 _____ 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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANA, ALBA 11710 NW SO. RIVER DR MEDLEY FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTANA, ANTONIO 11710 NW SO. RIVER DR MEDLEY FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANA, ALBA 10119 UN 126 TERR HIALEAH GARDENS FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTA, ANTONIO 10119 UN 126 TERR HIALEAH GARDENS FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED** Date: *2-2-00* Daytime Phone #: *(305) 512-2885*

CRZE034 (9/99)