

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051777

1. Entity Name

DOT SOLUTIONS, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 036 ***158.75

Principal Place of Business

13715 S.W. 90TH AVENUE, #M201
MIAMI FL 33176

Mailing Address

13715 S.W. 90TH AVENUE, #M201
MIAMI FL 33176-1250

2. Principal Place of Business

11031 SW 88th ST

Suite, Apt. #, etc.

#R206

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Address

11031 SW 88th ST

Suite, Apt. #, etc.

#R206

City & State

MIAMI, FL

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0928383

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, CHAD

13715 S.W. 90TH AVENUE, #M201

MIAMI FL 33176

7. Name and Address of New Registered Agent

Name LIEBERMAN, CHAD

Street Address (P.O. Box Number is Not Acceptable)

11031 SW 88th ST #R206

City MIAMI

FL

Zip Code

33176

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]

CHAD LIEBERMAN, PRESIDENT

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

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LIEBERMAN, CHAD | |
| STREET ADDRESS | 13715 S.W. 90TH AVENUE, #M201 | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LOMBILLO, JAVIER | |
| STREET ADDRESS | 13715 S.W. 90TH AVENUE, #M201 | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBERMAN, CHAD | |
| STREET ADDRESS | 11031 SW 88th ST. #R206 | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | VICE-PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOMBILLO, JAVIER | |
| STREET ADDRESS | 11031 SW 88th ST. #R206 | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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] CHAD LIEBERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2000 (305) 412-7499

Date

Daytime Phone #

CR2E034 (9/99)