

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91180 017 ***150.00

DOCUMENT # P99000051777

1. Entity Name

DOT SOLUTIONS, INC.

Principal Place of Business

11031 SW 88th St. # R206
 MIAMI, FL 33176

Mailing Address

11031 SW 88th St.
 Ste. R206
 MIAMI, FL 33176

2. Principal Place of Business

113-D MENDOZA AVE

Suite, Apt. #, etc.

3. Mailing Address

113-D MENDOZA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

City & State

CORAL GABLES, FL

Zip

33134

Country

4. FEI Number

65-0928383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAD LIEBERMAN
 11031 SW 88th St.
 Ste R206
 MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

113-D MENDOZA AVE

City

CORAL GABLES

FL

Zip Code

33134

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

(N/A: 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, 2001 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 | <input type="checkbox"/> Delete |
|-------|------------------|--------------------------|-----------------|---------------------------------|
| D-P | LIEBERMAN, CHAD | 11031 SW 88th St. # R206 | MIAMI, FL 33176 | <input type="checkbox"/> |
| D-VP | LOMBILLO, JAVIER | 11031 SW 88th St. # R206 | MIAMI, FL 33176 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------------|------------------|-------------------|------------------------|--------------------------------------------|-------------------------------------|
| | | 113-D MENDOZA AVE | CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 113-D MENDOZA AVE | CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D-SECRETARY | FOATOU, LOUIS E. | 113-D MENDOZA AVE | CORAL GABLES, FL 33134 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2001

305 456-3048

Date

Daytime Phone #