

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062927

1. Entity Name

SOLARES PROPERTIES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90109 020 \*\*\*150.00

Principal Place of Business

9130 S. DADELAND BLVD.  
 SUITE 1101  
 MIAMI FL 33156

Mailing Address

9130 S. DADELAND BLVD.  
 SUITE 1101  
 MIAMI FL 33156-7848

2. Principal Place of Business

3601 NW 55 ST

Suite, Apt. #, etc.

MIAMI, FLA

City & State

3. Mailing Address

3601 NW 55 ST

Suite, Apt. #, etc.

MIAMI

City & State

FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAMCHICK, BRUCE  
 9130 S. DADELAND BLVD.  
 SUITE 1101  
 MIAMI FL 33156

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 SUAREZ, JORGE  
 P.O. BOX 660471  
 MIAMI SPRINGS FL 33266 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPSD  
 SUAREZ, OLGA  
 P.O. BOX 6660471  
 MIAMI SPRINGS FL 33266 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P.O. Box 190999  
 Miami Beach, Fl 33119 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P.O. Box 190999  
 Miami Beach, Fl 33119 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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:

OLGA SUAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

305-6356031

Daytime Phone #

CR2E034 (9/99)