2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900063029 Sep 06, 2000 8:00 am 1. Entity Name Secretary of State SOLUTIONS CONSULTANT, INC. 08-10-2000 90002 042 ***155.00 09-06-2000 90087 007 ***403.75 Principal Place of Business Mailing Address 12973 SW 112TH STREET 12973 SW 112TH STREET SUITE 209 SUITE 209 MIAMI FL 33186 MIAMI FL 33186-4768 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number. City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent: 6. Name and Address of Current Registered Agent Name ORDONEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) ,9310 SW 120TH AVE **MIAMI FL 33186** Zip Code City Fi 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 of applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change **Addition** Delete TITLE ORDONEZ, JUAN 9310SW 120TH AV. ORDONEZ, JUAN NAME NAME 9310 SW 120TH AVE STREET ADDRESS STREET ADDRESS mi AM, Fl. 33186 CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE SANDINO MATILDE 1701 W. Flagler St. suite 76 SANDINO, MATILDE NAME NAME 1701 W FLAGLER ST. SUITE 7G STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33125** CITY-ST-ZIP - Addition Delete TILLE TIRLE VALERO, CLAUDIO NAME NAME STREET ADDRESS 7501 SW 137TH AVE STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME MANAG 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 receive 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 ay other like empowered. SIGNATURE: