

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90112 045 \*\*\*150.00

**DOCUMENT # P99000068278**

**1. Entity Name**  
**SOLA INTERAMERICA, INC.**

**Principal Place of Business**  
**8400 NW 52ND STREET, SUITE 229**  
**MIAMI FL 33166**

**Mailing Address**  
**8400 NW 52ND STREET, SUITE 229**  
**MIAMI FL 33166**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1008732**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GAMEZ, CESAR A**  
**8400 NW 52ND STREET, SUITE 229**  
**MIAMI FL 33166**

Name **GAMEZ, CESAR A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7000 ISLAND BLVD #303**  
 City **AVENTURA** FL Zip Code **33160**

**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

**4/12/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
 NAME **GAMEZ, CESAR A**  
 STREET ADDRESS **8400 NW 52ND STREET, SUITE 229**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **GAMEZ, CESAR A**  
 STREET ADDRESS **7000 ISLAND BLVD #303**  
 CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **S** ☐ Delete  
 NAME **GOMEZ, CAROLINA**  
 STREET ADDRESS **2333 BRICKELL AVE # 1810**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **SECRETARY** ☒ Change ☐ Addition  
 NAME **GAMEZ, CAROLINA**  
 STREET ADDRESS **7000 ISLAND BLVD #303**  
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/02 305-260 0229**

CR2E034 (9/01)