04/18/2002 16:40 WILLIAM ALBORNOZ → 0115255552546176

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90340 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068577

1. Entity Name
SOLAZ INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 Ponce De Leon Blvd
Suite, Apt. #, etc.
603
City & State
Coral Gables, Florida
Zip
33134
Country

3. Mailing Address
901 Ponce De Leon Blvd
Suite, Apt. #, etc.
603
City & State
Coral Gables, Florida
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945641
Applied For
Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Albornoz, William H
Street Address (P.O. Box Number is Not Acceptable)
901 Ponce De Leon Blvd
Suite 603
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 (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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Jimenez, Luis L
STREET ADDRESS	901 Ponce de Leon Blvd Ste 603
CITY-ST-ZIP	Coral Gables FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/29/02 (305)444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Luis L. Jimenez