

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90027 006 ***150.00

DOCUMENT # P99000089329

1. Entity Name
SOLARCARE, INC.

Principal Place of Business

Mailing Address

~~1009 MICHIGAN AVE~~
~~STE #2~~
~~MIAMI FL 33139~~

~~1009 MICHIGAN AVE~~
~~STE #2~~
~~MIAMI FL 33139~~

2. Principal Place of Business

5300 Alton Rd

3. Mailing Address

5300 Alton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number **65-0986810**

Applied For

Not Applicable

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

MASCARO, CORINA

~~1009 MICHIGAN AVE~~

MIAMI BCH FL 33139

Name **CORINA MASCARO**

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

5300 Alton Rd

(Alton)

City **MIAMI BEACH**

FL

Zip Code

33140

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

Celeste De Armas

4.15.01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DEARMAS, CELESTE	
STREET ADDRESS	9565 CARLYLE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASCARO, CORINA	
STREET ADDRESS	9565 CARLYLE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Celeste De Armas

CELESTE DE ARMAS

Date

Daytime Phone #

4.15.01

305 861-3179

CR2E034 (10/00)