

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103277

1. Entity Name

SOLIMAR SERVICES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90147 046 ***150.00

Principal Place of Business

Mailing Address

19444-39TH AVE.
N. MIAMI BCH FL 33160

19444-39TH AVE.
N. MIAMI BCH FL 33160

2. Principal Place of Business

3. Mailing Address

20900 W. DIXIE HWY

20900 W. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

C

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0970153

Applied For

Not Applicable

Zip

Country

33180

U.S.A.

Zip

Country

33180

U.S.A.

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

KANAREK, ENRIQUE
19444-39TH AVE.
N. MIAMI BCH FL 33160

Name

ENRIQUE KANAREK

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

20900 WEST DIXIE HIGHWAY

SUITE "C"

City

NORTH MIAMI BEACH

FL

Zip Code

33180

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

E. Kanarek (PRES.)

2-9-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS KANAREK, ENRIQUE
CITY-ST-ZIP 19444-39TH AVE.
N. MIAMI BCH FL 33160

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

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:

E. Kanarek (PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

(305) 466-1710

Daytime Phone #

CR2E034 (9/99)