2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000107921 Apr 23, 2000 8:00 am Secretary of State SOLERSYS CORPORATION 04-23-2000 90063 010 ***150.00 Mailing Address Principal Place of Business 12107 NW 10TH MANOR 12107 NW 10TH MANOR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number らうー Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOLER, JOSE R Street Address (P.O. Box Number is Not Acceptable) 12107.NW_10TH_MANOR CORAL SPRINGS FL 33071 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President n ☐ Delete TITLE TITLE John Jose R 12107 NW 10th Mn. SOLER, JOSE R NAME NAME STREET ADDRESS STREET ADDRESS 12107 NW 10TH MANOR Coval Springs FL 33071 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Addition Vice President ☐ Change ☐ Delete TITLE TITLE Soler, William NAME NAME directore Bargen Mills Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP English town Addition ☐ Change Sreasurer Delete TITLE TITLE Soler, Marcia NAME NAME 12/07 NW 10th Mn. STREET ADDRESS STREET ADDRESS Coval Springs FL 33071 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

 3/12/2000

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Daytime Phone #