

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90185 017 ***150.00

DOCUMENT # S12001

1. Entity Name

SOLOMON REAL ESTATE GROUP, INC.

Principal Place of Business

Mailing Address

851 BUENAVENTURA BLVD.
 KISSIMMEE FL 34743
 US

851 BUENAVENTURA BLVD.
 KISSIMMEE FL 34743-8125
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0251889

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

SOLOMAN, MICHAEL
851 BUENAVENTURA BLVD.
KISSIMMEE FL 34743

Name

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

City

FL

Zip Code

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.

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	PD	<input type="checkbox"/> Delete
NAME	SOLOMAN, MICHAEL	
STREET ADDRESS	851 BUENAVENTURA BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VP <input type="checkbox"/> Delete	
NAME	SOLOMAN, LORI	
STREET ADDRESS	851 BUENAVENTURA BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	Asst VP <input type="checkbox"/> Delete	
NAME	Morris A. Williams, Jr.	
STREET ADDRESS	851 Buena Ventura Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	VP <input type="checkbox"/> Delete	
NAME	Charlette Williams	
STREET ADDRESS	851 Buena Ventura Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
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	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris A. Williams, Jr.	
STREET ADDRESS	851 Buena Ventura Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlette Williams	
STREET ADDRESS	851 Buena Ventura Blvd.	
CITY-ST-ZIP	Kissimmee, FL 34743	
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:

Morris A. Williams, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(407) 238-1280
 Daytime Phone #

CRPFR34 (9/00)