

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39068

1. Entity Name

SOLUTION SPECIALTIES, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90033 016 \*\*\*150.00

Principal Place of Business  
3400 N.W. 151ST TERRACE  
MIAMI FL 33054  
US

Mailing Address  
3400 NW 151ST TERRACE  
MIAMI FL 33054-2450  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0252249

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

AGUIRRE, RAUL  
5444 NW 204 ST  
MIAMI FL 33055

Name  
- Aguirre, Raul  
Street Address (P.O. Box Number is Not Acceptable)  
17310 SW 22 St  
City Miramar FL Zip Code 33029

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  Raul Aguirre/President 02/25/2000  
(Signature, typed 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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIRRE, RAUL		NAME	Raul Aguirre	
STREET ADDRESS	5444 NW 204TH ST.		STREET ADDRESS	17310 SW 22 St	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miramar, FL 33029	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIS, JOSE L.		NAME	Solis, Jose L.	
STREET ADDRESS	1035 OPA LOCKA BLVD		STREET ADDRESS	1007 Wilmington St.	
CITY-ST-ZIP	OPA LOCKA FL		CITY-ST-ZIP	Opa-Locka, FL 33054	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIS, MAURILIO		NAME		
STREET ADDRESS	1200 SHARRAR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Raul Aguirre 02/25/2000 305-769-5550  
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (9/99)