

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49960

1. Entity Name

SOLMANN, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90066 042 ***155.00

Principal Place of Business

6595 NW 36TH ST
STE 113
MIAMI FL 33166
US

Mailing Address

6595 NW 36TH ST
STE 113
MIAMI FL 33166-6967
US

2. Principal Place of Business

15045 S.W. 57 Ter.

Suite, Apt. #, etc.

3. Mailing Address

15045 S.W. 57 Ter.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

USA

City & State

MIAMI, FL

Zip

33193

Country

USA

4. FEI Number

65-0349240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLORZANO, BEATRIZ
15045 SW 57TH TER
MIAMI FL 33183

7. Name and Address of New Registered Agent

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.
(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

TITLE ☐ Delete
NAME D
STREET ADDRESS SOLORZANO, BEATRIZ
CITY-ST-ZIP 15045 SW 57TH TER
MIAMI FL 33193

TITLE ☒ Delete
NAME D
STREET ADDRESS LEBURN, RENATE
CITY-ST-ZIP 661 SANDLEWOOD LANE
PLANTATION FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

BEATRIZ SOLORZANO
PRESIDENT

BEATRIZ SOLORZANO

Date

4/24/00

(305)

7524343

Daytime Phone #

CR2E034 (9/99)