

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91456 010 ***150.00

DOCUMENT # **F17547**

1. Entity Name

**THE SORO COMPANY INTERNATIONAL
INC.**



DO NOT WRITE IN THIS SPACE

90113541

2. Principal Place of Business

5901 NW 151 Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 204

City & State

MIAMI, FLORIDA

City & State

Zip

33014

Country

USA

Country

4. FEI Number

59-2152992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LUIS A. SORO

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

2402 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS A. SORO

1-5-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
SORO, LUIS A.
2402 ALTON ROAD
MIAMI BEACH, FL 33140**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**STD
SORO, MARIA D.
2402 ALTON ROAD
MIAMI BEACH, FL 33140**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. SORO

Date

Daytime Phone #

305-532-6000

1-5-2003

CR2E034B (12/02)