

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90065 020 ***150.00

SECRET
 11

DOCUMENT # G99140

1. Entity Name
SOBARZO ENTERPRISES, INC.

Principal Place of Business

**1263 W. FLAGLER ST.
 MIAMI FL 33135-2419**

Mailing Address

**9688 SW 24TH STREET
 MIAMI FL 33165**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2381219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
 782 N.W. LEJEUNE RD.
 SUITE 548
 MIAMI FL 33126**

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, 2002 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 **PD** Delete
 NAME **HERRAN, MANUEL A.**
 STREET ADDRESS **8480 SW 5TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** Delete
 NAME **GUERRA, ARMANDO J.**
 STREET ADDRESS **9475 JOURNEY'S END ROAD**
 CITY-ST-ZIP **GORAL GABLES FL**

TITLE **TD** Delete
 NAME **HERRAN, JOSE A**
 STREET ADDRESS **8455 GRAND CANAL DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** Delete
 NAME **VALDES, DANIEL R.**
 STREET ADDRESS **9755 SW 62ND ST**
 CITY-ST-ZIP **MIAMI FL**

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
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 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: MANUEL A. HERRAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/28/02

Daytime Phone # (305) 251-8357

CR2E034 (9/01)