

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90009 017 \*\*\*150.00

**DOCUMENT # K27572**  
 1. Entity Name  
**SOVEREIGN INTERNATIONAL, INC.**

Principal Place of Business % DANIEL A. GARIBOTTO <del>2125 BISCAYNE BLVD #240</del> MIAMI FL 33137	Mailing Address % DANIEL A. GARIBOTTO <del>2125 BISCAYNE BLVD #240</del> MIAMI FL 33137-5029
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5050 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>201</b>	3. Mailing Address <b>3241 NE 165 Street</b> Suite, Apt. #, etc. -
City & State <b>Miami FL</b>	City & State <b>N.M.B FL</b>
Zip <b>33137</b> Country <b>us</b>	Zip <b>33160</b> Country <b>us</b>

4. FEI Number **65-0058692** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GARIBOTTO, DANIEL A.**  
~~**2125 BISCAYNE BLVD. #240**~~  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5050 Biscayne Blvd 201**  
 City  
**Miami FL** Zip Code  
**33137**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GARIBOTTO, DANIEL A 3241 NE 165 ST. N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GARIBOTTO, MARLI ELISA 3241 NE 165 ST. N. MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *****

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: *MARLI GARIBOTTO* **MARLI GARIBOTTO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 1/25/99 Daytime Phone # 305.757-8000