2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79412

1. Entity Name

SOLE CONCEPT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90400 001 ***150.00

Principal Place of Business	Mailing Address
8215 PERIDOT DR 107 MCLEAN VA 22102	8215 PERIDOT DR STE 107 MCLEAN VA 22102-3982 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8340 GREENSBORO DR.	8340 GREENSBORO DR.
Suite, Apt. #, etc. #825	Suite, Apt. #, etc. #825
City & State MCLEAN, VA.	City & State McLEAN, VA.
Zip 22102 Country USA	Zip 22102 Country USA

4. FEI Number 65-0207985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERNBAUM, MARC J
100 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV COPLON, BARBARA 8215 PERIDOT DR #107 MCLEAN VA 22102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV COPLON, BARBARA 8340 GREENSBORO DR. McLEAN, VA. 22102	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COPLON, KEVIN 8215 PERIDOT DR #107 MCLEAN VA 22102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COPLON, KEVIN 8340 GREENSBORO DR. McLEAN, VA 22102	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Barbara Coplon - BARBARA COPLON 4/20/00 703-288-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #