

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90238 045 ***150.00

DOCUMENT # P00000076179

1. Entity Name
SONIA ALEXANDRA INC



Principal Place of Business
**4521 N DIXIE HIGHWAY
BOCA RATON FL 33431
US**

Mailing Address
**4521 N DIXIE HIGHWAY
BOCA RATON FL 33431
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1032262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDRA, SONIA
398 SE MIZNER BLVD
#1901
BOCA RATON FL 33342**

Name **SONIA ALEXANDRA**
Street Address (P.O. Box Number is Not Acceptable)
5493 GRAND PARK PLACE
City **BOCA RATON** FL Zip Code **33486**

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 *Sonia Alexandra* DATE 2/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PP** ☐ Delete
NAME **ALEXANDRA, SONIA**
STREET ADDRESS **398 SE MIZNER BLVD #1901**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **PP** ☒ Change ☐ Addition
NAME **SONIA ALEXANDRA**
STREET ADDRESS **5493 GRAND PARK PLACE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 561-289-5970

Date

Daytime Phone #

CR2E034 (10/02)