

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90046 048 ***150.00

DOCUMENT # P97000101524

1. Entity Name
SONIA AMERICA, INC.

Principal Place of Business 5058 N HIATUS RD SUNRISE FL 33351 US	Mailing Address 5058 N HIATUS RD SUNRISE FL 33351-8017 US
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DO NOT WRITE IN THIS SPACE

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 **65-0796972** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGRAMUNT, LUIS
1221 BRICKELL AVE
SUITE #1100
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D BELTRAN, JOSE FERRER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 5058 N HIATUS RD		
	CITY-ST-ZIP SUNRISE FL 33351		
<input type="checkbox"/> Delete	D LOPEZ, SONIA FERRER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 5058 N HIATUS RD		
	CITY-ST-ZIP SUNRISE FL 33351		
<input type="checkbox"/> Delete	D LOPEZ, MARIA JOSE F	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 5058 N HIATUS RD		
	CITY-ST-ZIP SUNRISE FL 33351		
<input type="checkbox"/> Delete	D LOPEZ, ESTEFANIA F	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 5058 N HIATUS RD		
	CITY-ST-ZIP SUNRISE FL 33351		
<input type="checkbox"/> Delete	D PELAYO, JUAN JOSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 5058 N HIATUS RD		
	CITY-ST-ZIP SUNRISE FL 33351		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)