

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101524

1. Entity Name
SONIA AMERICA, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90006 015 ***150.00

Principal Place of Business

**5058 N HIATUS RD
SUNRISE FL 33351
US**

Mailing Address

**5058 N HIATUS RD
SUNRISE FL 33351
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 **65-0796972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JUAN JOSE PELAYO**
Street Address (P.O. Box Number is Not Acceptable)
5058 N HIATUS ROAD
City **SUNRISE** FL Zip Code **33351**

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

02/22/2001

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BELTRAN, JOSE FERRER	5058 N HIATUS RD	SUNRISE FL 33351	<input type="checkbox"/>
D	LOPEZ, SONIA FERRER	5058 N HIATUS RD	SUNRISE FL 33351	<input type="checkbox"/>
D	LOPEZ, MARIA JOSE F	5058 N HIATUS RD	SUNRISE FL 33351	<input type="checkbox"/>
D	LOPEZ, ESTEFANIA F	5058 N HIATUS RD	SUNRISE FL 33351	<input type="checkbox"/>
D	PELAYO, JUAN JOSE	5058 N HIATUS RD	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PMG

02/22/2001

**954
572-5414**

CR2E034 (10/00)