

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90044 012 ***150.00

DOCUMENT # S29681

1. Entity Name
SORIMA GROUP INC.

Principal Place of Business
2168 ROSEGATE DR
LSM-5A5
MISSISSAUGA ONTARIO CANADA
US

Mailing Address
2168 ROSEGATE DR
MISSISSAUGA, ONTARIO CA L5M-5A5
CA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2168 Rosegate Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MISSISSAUGA ont

4. FEI Number

59-3049663

Applied For

Not Applicable

Zip

Country

Zip

Country

LSM 5A5

CANADA

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

ZIMMERMANN, BETTY
2329 CHERA CT.
ORLANDO FL 32806

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, 2002 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 **DP** ☐ Delete
 NAME **CHERA, RANJIT**
 STREET ADDRESS **2168 ROSEGATE DR**
 CITY-ST-ZIP **MISSISSAUGA, ONT**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

P. Chera

P. CHERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27/2002

Date

905 569 0172

Daytime Phone #

CR2E034 (9/01)