

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90035 001 \*\*\*900.00

**DOCUMENT # 641594**

1. Entity Name  
**SOBE GRAPHICS, INC.**

Principal Place of Business

Mailing Address

4100 N.E. 2ND AVE.  
 SUITE 206  
 MIAMI FL 33137  
 US

4100 N.E. 2ND AVE.  
 SUITE 206  
 MIAMI FL 33137-3538  
 US

1 0 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2082937**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TURNER, LAWRENSE O.**  
**404 WASHINGTON AVE**  
**STE 600**  
**MIAMI BCH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4100 NE SECOND AVE # 206**

City

**Miami**

FL

Zip Code

**33127**

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

**1/4/00**  
 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	<input type="checkbox"/> Delete
CP	TURNER, ROBERTA BACKUS	404 WASHINGTON AVE #600	MIAMI BEACH FL	<input type="checkbox"/>
T	TURNER, ROBERTA BACKUS	404 WASHINGTON AVE #600	MIAMI BEACH FL	<input type="checkbox"/>
S	TURNER, LAWRENCE O. JR.	404 WASHINGTON AVE #600	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4100 NE SECOND AVE #206	MIAMI, FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4100 NE SECOND AVE #206	MIAMI, FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4100 NE SECOND AVE #206	MIAMI, FL 33137	<input checked="" 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

**LAWRENCE O. TURNER, JR.**

**1/4/00** **305-573-9996**  
 Date Daytime Phone #

CR2E034 (9/99)