

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90039 017 \*\*\*150.00

**DOCUMENT # 669495**

1. Entity Name

DAVID M. SOSTCHIN, P.A.

Principal Place of Business

4160 W 16TH AVE.  
 SUITE 504  
 HIALEAH FL 33012

Mailing Address

4160 W 16TH AVE  
 SUITE 504  
 HIALEAH FL 33012

2. Principal Place of Business

419 W 49TH ST  
 Suite, Apt. #, etc.  
 #210

3. Mailing Address

419 W 49TH ST  
 Suite, Apt. #, etc.  
 #210

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012 MIAMI DADE

Zip

33012 MIAMI DADE

6. Name and Address of Current Registered Agent

SOSTCHIN, DAVID M.

4160 W 16TH AVE 504

HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name DAVID M. SOSTCHIN

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

419 W 49TH ST #210

City HIALEAH

FL

Zip Code 33012

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/02

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

TITLE PDS ☐ Delete  
 NAME SOSTCHIN, DAVID M  
 STREET ADDRESS 4160 W 16TH AVE 419 W 49TH ST #210  
 CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/16/02 305-364-0162  
 Daytime Phone #

CR2E034 (9/01)