

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854494

1. Entity Name

SOFISTICA, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90043 027 ***150.00

Principal Place of Business Mailing Address
251 ROYAL PALM WAY 251 ROYAL PALM WAY
% MENDOZA, GALLAS & SCHILLING-POB 2715 % MENDOZA, GALLAS & SCHILLING-POB 2715
PALM BEACH FL 33480- PALM BEACH FL 33480-4300-

2. Principal Place of Business 3. Mailing Address
c/o Mendoza and Callas c/o Mendoza and Callas
Suite, Apt. #, etc. Suite, Apt. #, etc.
251 Royal Palm Way, Ste 602 P. O. Box 2715

City & State City & State
Palm Beach, FL Palm Beach, FL
Zip Country Zip Country
33480 USA 33480 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1525740 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENDOZA, GALLAS & SCHILLING
251 ROYAL PALM WAY, 6TH FLOOR-
PALM BEACH FL 33480-1310

7. Name and Address of New Registered Agent

Name Mario G. de Mendoza, III
Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza and Callas
251 Royal Palm Way, Suite 602
City Palm Beach FL Zip 33480

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 not applicable.

Mario G. de Mendoza, III, Reg. Agt

DATE

2/8/00

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

TITLE	MD	<input type="checkbox"/> Delete
NAME	SIMMEN, MARIO	
STREET ADDRESS	SONNBLICKSTRASSE 5, FL-9490	
CITY-ST-ZIP	VADUZ LI	
TITLE	MD	<input type="checkbox"/> Delete
NAME	ALIG, KURT D.	
STREET ADDRESS	SALUFERSTRASSE 30	
CITY-ST-ZIP	CHUR, SWITZERLAND	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MICORA, N. V.	
STREET ADDRESS	SCHOTTEGATWEG OOST 205D	
CITY-ST-ZIP	CURACAO, NETHERLANDS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED: Kurt D. Alig, Managing Dir.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 FEB 2000

(561) 659-1111

Date

Daytime Phone #

CR2E034 (9/99)