

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

DOCUMENT # F02000006216

1. Entity Name

SOFESA SAN ANTONIO INCORPORATED



03-11-2003 90151 001 ***150.00
03-11-2003 90151 002 *****8.75

Principal Place of Business

**203 SOUTH ST. MARY'S INTERNATIONAL CENTER
STE. 140
SAN ANTONIO TX 78205**

Mailing Address

**203 SOUTH ST. MARY'S INTERNATIONAL CENTER
STE. 140
SAN ANTONIO TX 78205**

2. Principal Place of Business

3. Mailing Address

CABLES INTERNATIONAL 2655 LEJEUNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

542

City & State

CORAL GABLES

4. FEI Number

74-2901992

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICENTE, MANUEL S
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE RD 5TH
CORAL GABLES FL 33134**

Name

ALEJANDRO SANZ

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

2655 LE JEUNE RD, SUITE 542

City

CORAL GABLES

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

ALEJANDRO SANZ

March 1, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SUAREZ, ANTONIO LAUTIC C/IMELODO SERIS 57 4 PLANTA 38003 S/C DE TENERIFE,CANARY ISLANDS SPAI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHISCANO, ALFONSO 203 S ST. MARY'S STE. 140 SAN ANTONIO TX 78205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VICENTE, MANUEL S 203 S ST. MARY'S STE. 140 SAN ANTONIO TX 78205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DIAZ, ALEJANDRO SANZ 203 S ST. MARY'S STE. 140 SAN ANTONIO TX 78205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 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

Daytime Phone #

CR2E034 (10/02)