

2000 UNIFORM BUSINESS REPORT

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 23 PM 4:19

DOCUMENT # F09160

1. Entity Name

S.O.M., INC.

Principal Place of Business

Mailing Address

9351 SW 192nd Drive
MIAMI, FL 33157

2. Principal Place of Business

3. Mailing Address

1766 COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33071

4. FEI Number

59-2058493

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM J. RYAN IV
9351 SW 192nd DRIVE
MIAMI, FL 33157

Name

HAROLD M. RYAN

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

1766 COLONIAL DRIVE

City

CORAL SPRINGS

FL

Zip Code

33071

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RYAN, HAROLD M.
990 CORAL RIDGE DR., #104
CORAL SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RYAN, HAROLD M
1766 COLONIAL DRIVE
CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RYAN, WILLIAM J IV--
9351 SW 192nd DRIVE
MIAMI, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RYAN, WILLIAM J IV--
9351 SW 192nd DRIVE
MIAMI, FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RYAN, ROBERT G
5119 LAURELWOOD CT. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003188672--2
-03/29/00--01063--014
****158.75 ****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KINGWOOD, TX
VD
RYAB, MICHAEL J
44204 CHATHAM WAY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KINGWOOD, TX
VD
RYAB, MICHAEL J
44204 CHATHAM WAY ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASHBURN, VA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASHBURN, VA ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASHBURN, VA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASHBURN, VA ☐ Change ☐ Addition

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

2/26/00

Date

(954) 341-3480

Daytime Phone #

CR2E034 (9/99)

AD

S.O.M. Incorporated

1766 Colonial Drive
Coral Springs, Florida 33071
Tel: (954) 752-4620

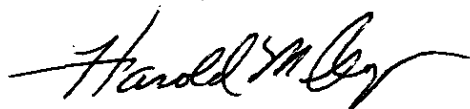
March 15, 2000

Florida Department of State
Division of Corporations
Attn: Mr. Andy Dunlap
Document Specialist Supervisor
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

Reference my telephone conversation with one of your staff members on March 14, 2000: I advised her that we did not receive the annual report/uniform business report form for 1999. It apparently was sent to the Miami address which was never forwarded to us or returned to your office. During our annual meeting last year, we called your office and received a blank form, which we subsequently filed along with applicable fees. Your office has advised me they did receive that form and accepted our payment for 1999. Your staff member advised me to document this in writing and send this correspondence to you with the attached paperwork. If you require any further information, please advise me at our new address. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold M. Ryan", with a stylized flourish at the end.

Harold M. Ryan
Secretary/Treasurer