

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90019 003 ***150.00

DOCUMENT # F37978 (6) ✓

1. Entity Name

SORO MORTGAGE COMPANY, INC

Principal Place of Business

Mailing Address

8400 N. UNIVERSITY DRIVE
TAMARAC, FLA 33321
SUITE 203

SAME

00047898

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-21530.10

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

SORO, LUIS A
2402 ALTON ROAD
MIAMI BEACH, FLA 33140

Name

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

City

FL

Zip Code

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

LUIS A. SORO (P)

(NOTE: Registered Agent Signature required when reinstating)

MARCH 19, 2000

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
P/D
SORO, LUIS A.
2402 ALTON ROAD
MIAMI BEACH, FLA 33140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
SORO, MARIA A.
2402 ALTON ROAD
MIAMI BEACH, FLA 33140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

LUIS A. SORO (P)

MARCH 19, 2000 (305) 534-5000

Date

Daytime Phone #

CR2E034 (9/99)