2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005341

1. Entity Name

SONOLUX, INC.

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FILED
Jun 23, 2000 8:00 am
Secretary of State
05-13-2000 90038 024 ***158.75

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD STE 500 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD STE 500 CORAL GABLES FL 33134-3037

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0631665 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTFRIED, RON
999 PONCE DE LEON BLVD STE 500
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Edgar Perez Henao

Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd. Suite 1020

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.

SIGNATURE X X DATE April

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P	☒ Delete
NAME	ZAMORA, ALBERTO	
STREET ADDRESS	999 PONCE DE LEON BLVD STE 500	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	F	☒ Delete
NAME	GOTTFRIED, RON	
STREET ADDRESS	999 PONCE DE LEON BLVD STE 500	
CITY-ST-ZIP	CORAL GAB LES FL 33134	
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	P/S	☒ Change	☒ Addition
NAME	Edgar Perez		
STREET ADDRESS	calle 9 #65-40		
CITY-ST-ZIP	Bogota-colombia		
TITLE	F	☐ Change	☒ Addition
NAME	ESPINOSA, JUAN		
STREET ADDRESS	999 Ponce de Leon Suite 500		
CITY-ST-ZIP	CORAL GABLES FL 33134		
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: _______ 4/17/00 (571)414-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #