

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90052 037 \*\*\*158.75

**DOCUMENT # F95000005341**

1. Entity Name  
**SONOLUX, INC.**

Principal Place of Business  
**999 PONCE DE LEON BLVD  
STE 500  
CORAL GABLES FL 33134**

Mailing Address  
**999 PONCE DE LEON BLVD  
STE 500  
CORAL GABLES FL 33134**

2. Principal Place of Business

**999 Ponce de Leon Blvd.**

3. Mailing Address

**999 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1020**

**1020**

City & State

City & State

**Coral Gables, Fl.**

**Coral Gables, Fl.**

Zip

Country

Zip

Country

**33134**

**33134**

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

7. Name and Address of New Registered Agent

**HENAO, EDGAR P  
999 PONCE DE LEON BLVD, STE 1020  
CORAL GABLES FL 33134**

Name

**JESUS DURAN**

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

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

(NOTE: Registered Agent signature required when reinstating)

**2/2/01**

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, 2001 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 **PS**  
NAME **PEREZ, EDGAR**  
STREET ADDRESS **CAKE #65-40**  
CITY-ST-ZIP **BOGATED COLOMBIA**

☐ Delete

TITLE **PS**  
NAME **JESUS DURAN**  
STREET ADDRESS **999 PONCE DE LEON BLVD. #1020**  
CITY-ST-ZIP **Coral Gables, Fl. 33134**

☒ Change ☒ Addition

TITLE **F**  
NAME **ESPINOSA, JOAN**  
STREET ADDRESS **999 PONCE DE LEON SUITE 500**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

☒ Delete

TITLE **T**  
NAME **JAIME HEREDIA**  
STREET ADDRESS **Calle 9 No.65-40**  
CITY-ST-ZIP **Bogota- Colombia**

☒ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/01**

Date

**(305) 444-4431**

Daytime Phone #

CR2E034 (10/00)