

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001170

1. Entity Name

SOHO AMERICA, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90057 006 ****61.25

Principal Place of Business

Mailing Address

2121 PRECINCT LINE RD
HURST TX 76054

2121 PRECINCT LINE RD
HURST TX 76054-3136

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

41-1812865

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME DP
STREET ADDRESS SMEDSRUD, JEFFREY
CITY-ST-ZIP 2121 PRECINCT LINE RD
HURST TX 76054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DV
STREET ADDRESS JENSEN, JEFFREY
CITY-ST-ZIP 2121 PRECINCT LINE RD
HURST TX 76054

TITLE ☒ Change ☐ Addition
NAME President/Director
STREET ADDRESS Jeffrey Jensen
CITY-ST-ZIP 2121 Precinct Line Rd
Hurst, TX 76054

TITLE ☐ Delete
NAME DST
STREET ADDRESS DE LA TORRE, AMANDA
CITY-ST-ZIP 4428 PERSHING
FT WORTH TX 76107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GAMBLE, PHIL
CITY-ST-ZIP 10718 SENTINEL DR
SAN ANTONIO TX 78217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Jeffrey Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

817-428-3893

Daytime Phone #

CR2E037 (9/99)