

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91059 048 ***150.00

DOCUMENT # F97000006206

1. Entity Name
SOBE COOL, INC.



Principal Place of Business
**521 SW 64 COURT
MIAMI BEACH FL 33144
US**

Mailing Address
**P.O. BOX 402011
MIAMI BEACH FL 33140
US**

2. Principal Place of Business
1500 Ocean Drive #902
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 402011
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH FL
Zip **33140** Country **USA**

City & State
MIAMI BEACH FL
Zip **33140** Country **USA**

4. FEI Number **65-0784956**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LLEWELLYN, DAVID M
1500 OCEAN DRIVE #902
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LLEWELLYN, DAVID M	
STREET ADDRESS	1500 OCEAN DRIVE #902	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARIAS, MARCELA	
STREET ADDRESS	AVE LOS PROCERES NO. 10 RESIDENTIAL GALA	
CITY-ST-ZIP	SANTO DOMINGO DR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-14-03 305 674 6722
Date Daytime Phone #

CR2E034 (10/02)