FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90030 020 ***150.00

DOCUMENT # G81336

1. Entity Name
SOILORMEN, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9400 S. DADELAND BLVD	9400 S. DADELAND BLVD
Suite, Apt. #, etc. SUITE 720	Suite, Apt. #, etc. SUITE # 720
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33156 Country USA	Zip 33156 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3355214 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name CHOAS, S. SCOTT, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 15600 SW 288 Street
Suite 312
City HOMESTEAD FL Zip Code 33033

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 _____ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	BERG, ROBERT S.
STREET ADDRESS	9400 S. DADELAND BLDG #720
CITY-ST-ZIP	MIAMI FLORIDA 33156
TITLE	VDTS
NAME	WEMPLE, STEVEN M.
STREET ADDRESS	9400 S. DADELAND BLDG #720
CITY-ST-ZIP	MIAMI FLORIDA 33156
TITLE	V
NAME	MOLONEY, FRANCIS X.
STREET ADDRESS	9400 S. DADELAND BLVD #720
CITY-ST-ZIP	MIAMI FL 33156
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Francis X Moloney FRANCIS X. MOLONEY 4/29/02 305-670-0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #