

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90029 026 ***150.00

DOCUMENT # H81157

1. Entity Name

SOMMER PROSTHETICS & ORTHOTICS CO.

Principal Place of Business

2451 PEMBROKE RD
 HOLLYWOOD FL 33020
 US

Mailing Address

2532 NORTHEAST 193RD STREET
 MIAMI FL 33180-2210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2686794

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOMMER, FRITZ
2532 N.E. 193RD ST.
MIAMI FL 33180

Name

INGE SOMMER

(P.O. Box Number is Not Acceptable)

2 NE 193 ST.

MI-FL-33180

FL

Zip Code
33180

8. The above named entity submits this

SIGNATURE

INGE

Signature, typed or printed name

9. This corporation is eligible to satisfy
 Tax filing requirement and elects to
 (See criteria on back)

Registered agent, or both, in the State of Florida.

Effective date when reinstating

DATE

Inge Sommer 5/2/2000

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
SOMMER, FRITZ
2532 NE 193RD ST
MIAMI FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
SOMMER, INGE
2532 NE 193RD ST
MIAMI FL

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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☐ Delete

TITLE
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 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:

Inge Sommer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/8/2000

Daytime Phone #

305-9320892

0-2EC34 (9/99)