

## 200' UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90030 007 \*\*\*150.00

DOCUMENT # K10771

1. Entity Name

SOSA AUTO SERVICENTER INC.

Principal Place of Business

Mailing Address

601 NE 167 ST  
 N. MIAMI BEACH, FL 33162

601 NE 167 ST  
 N. MIAMI BEACH FL 33162

2. Principal Place of Business

14245 W. DIXIE AVE

Suite, Apt. #, etc.

3. Mailing Address

14245 W DIXIE HWY

Suite, Apt. #, etc.

City &amp; State

North Miami, FL

City &amp; State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0020509

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

Romano, Angelo  
 1000 Venetian Way  
 Apt 302  
 Miami Beach FL 33145

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Romano, Angelo	1000 Venetian Way #302	Miami Beach FL				
	Romano, Giovanni	1000 Venetian Way #302	Miami Beach FL				
	Romano, Adriana	1000 Venetian Way #302	Miami Beach FL				

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

1-16-01

Date

Daytime Phone #

CR2E034 (1/1/00)