

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K27572**

1. Entity Name

SOVEREIGN INTERNATIONAL, INC.**FILED****Jan 31, 2000 8:00 am**
Secretary of State

01-31-2000 90009 017 ***150.00

Principal Place of Business

Mailing Address

% DANIEL A. GARIBOTTO

~~2125 BISCAYNE BLVD #240~~

MIAMI FL 33137

% DANIEL A. GARIBOTTO

~~2125 BISCAYNE BLVD #240~~

MIAMI FL 33137-5029

2. Principal Place of Business

5050 Biscayne Blvd.

Suite, Apt. #, etc.

201

3. Mailing Address

3241 NE 165 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami FL

City & State

N.M.B FL

4. FEI Number

65-0058692

Applied For

Not Applied

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

Zip

33137

Country

us

Zip

33160

Country

us

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARIBOTTO, DANIEL A.~~2125 BISCAYNE BLVD. #240~~

MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

5050 Biscayne Blvd 201

City

miami**FL**

Zip Code

33137

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PTD	<input type="checkbox"/> Delete
NAME	GARIBOTTO, DANIEL A	
STREET ADDRESS	3241 NE 165 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARIBOTTO, MARLI ELISA	
STREET ADDRESS	3241 NE 165 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**1/25/99** **305.757-80**
Date Daytime Phone #