2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27572

1. Entity Name
SOVEREIGN SCIENTIFIC, INC.

Principal Place of Business	Mailing Address
5050 BISCAYNE BLVD *#202* 201 MIAMI FL 33137	3241 NE 1658 ST NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address
16462 NE 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
North Miami Beach, Fl.

4. FEI Number 65-0058692 — Applied For / Not Applicable

Zip | Country

Zip *33160-4141* | Country

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

⬛ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARIBOTTO, DANIEL A.
5050 BISCAYNE BLVD
MIAMI FL 33137

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME GARIBOTTO, DANIEL A STREET ADDRESS 16462 NE 34TH AVE CITY-ST-ZIP N. MIAMI BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME GARIBOTTO, MARLI ELISA STREET ADDRESS 16462 NE 34TH AVE CITY-ST-ZIP N. MIAMI BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED_   1/17/03   305-757-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #