

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 65668

1. Entity Name

Joseph M Sonneborn Jr. Accounting Inc

06-12-2000 90041 007 ***150.00

K65668

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 12:59

UUU63556

Principal Place of Business

Mailing Address

251-174th St.

P.O. Box 1602
Hollywood FL.

Sunny Isles Beach FL 33160 33022

2. Principal Place of Business

251-174th St.

3. Mailing Address

P.O. Box 1602 Hollywood FL.

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunny Isles Beach

City & State

4. FEI Number

65-0096863

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Joseph Sonneborn
251-174th St. Apt 301
Sunny Isles Beach FL 33160

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.

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 \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Joseph M Sonneborn Jr.
STREET ADDRESS: 251-174th St
CITY-ST-ZIP: Sunny Isles Beach FL 33160

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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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:

Joseph M Sonneborn Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/05/2000

Date

305 933 3993

Daytime Phone #

CR2E034 (9/99)