

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90587

1. Entity Name  
HERTZ-SOYKA CORPORATION

Principal Place of Business

800 OCEAN DR  
MIAMI BEACH FL 33139  
US

Mailing Address

800 OCEAN DR  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

804 Ocean Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Van Dyke  
846 Lincoln Rd.  
Suite, Apt. #, etc.

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip  
33139

Country  
Dade

Zip  
33139

Country  
Dade

4. FEI Number 65-0175149

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOYKA, MARK  
800 OCEAN DR  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Beatriz Capote P.A.  
Street Address (P.O. Box Numbers Not Acceptable)  
1101 Brickell Avenue  
17 Floor  
City Miami FL Zip Code 33131

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 *Beatriz Capote*  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE PTD  
NAME SOYKA, MARK  
STREET ADDRESS 800-4 OCEAN DR.  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE VSD  
NAME DAVIS, JEFFREY R  
STREET ADDRESS 800-4 OCEAN DR.  
CITY-ST-ZIP MIAMI BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V/T/S/D  
NAME SOYKA MARK  
STREET ADDRESS 5588 NE 4 Ct., Unit #6  
CITY-ST-ZIP Miami, FL 33137 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
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 and an address, with all other like empowered.

SIGNATURE: *MARK SOYKA* 8/2/01 (305) 444-7588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

08-31-2001 90116 022 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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