

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002736**

1. Entity Name
SONLIFE, L.L.C.

Principal Place of Business
**5975 SUNSET DRIVE, SUITE 504
MIAMI FL 33143**

Mailing Address
**5975 SUNSET DRIVE, SUITE 504
MIAMI FL 33143-5198**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STORACE, MICHAEL R
5979 SUNSET DRIVE, SUITE 504
MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR STORACE, MICHAEL R	5975 SUNSET DRIVE, SUITE 504	MIAMI FL 33143	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<p>600003278396--5 06/06/00-01074-013 *****50.00 *****50.00</p>				
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X [Signature]** **4/13/2000 (305)661-4221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)