2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90095 009 ***150.00

0501403

DOCUMENT # M03625

1. Entity Name
SOCHET & COMPANY, INC.

Principal Place of Business	Mailing Address
~~9350 SOUTH DIXIE HWY~~	~~9350 S DIXIE HWY~~
~~STE 1260~~	~~STE 1260~~
~~MIAMI FL 33156~~	~~MIAMI FL 33156~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3555 ANCHORAGE WAY	3555 ANCHORAGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE, FL	City & State: COCONUT GROVE - FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number 59-2436797 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOCHET, IRA
~~9350 S DIXIE HWY~~ 3555 ANCHORAGE WAY
~~STE 1260~~
~~MIAMI FL 33156~~ COCONUT GROVE FL 33133

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, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOCHET, IRA 9350 S DIXIE HWY STE 1260 MIAMI F	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOCHET, IRA 3555 ANCHORAGE WAY COCONUT GROVE - FL 33133	☑ 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

CR2E034 (10/00)

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: ____________________ (305) 648-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #