

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90044 019 ***150.00

DOCUMENT # M15631

1. Entity Name
SOPHIA ENTERPRISES, INC.

Principal Place of Business
**445 S FORT LAUDERDALE BEACH BLVD
FT. LAUDERDALE FL 33316**

Mailing Address
**445 S FORT LAUDERDALE BEACH BLVD
FT. LAUDERDALE FL 33316
US**

2. Principal Place of Business
2800 West Stonebrook Circle

3. Mailing Address
2800 West Stonebrook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
59-2549521

Applied For
Not Applicable

Zip
33330

Country

Zip
33330

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARENSEN, DAVID
445 S FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE FL 33316**

Name
Sorensen, David

Street Address (P.O. Box Number is Not Acceptable)
2800 West Stonebrook Circle

City
Davie **FL** Zip Code
33330

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)

1/19/02
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, 2002 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
**PDS
SORENSEN, DAVID
445 S FORT LAUDERDALE BEACH BLVD
FT. LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2800 West Stonebrook Circle
Davie, FL 33330** ☒ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

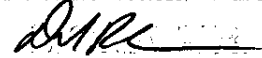
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

 **David Sorensen President**

1/19/02
Date

954-452-5673
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)