

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90032 042 ***158.75

DOCUMENT # M44164

1. Entity Name

SORMI, INC.

Principal Place of Business	Mailing Address
C/O BRENNER REAL ESTATE 3195 NORTH POWERLINE ROAD, SUITE 104 POMPANO BEACH FL 33069	3195 NORTH POWERLINE ROAD SUITE 104 POMPANO BEACH FL 33069-1052



DO NOT WRITE IN THIS SPACE

2/ Principal Place of Business	3. Mailing Address
10 DACAR MANAGEMENT LLC	10 DACAR MANAGEMENT LLC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
336 E DANIA BCH Blvd	336 E DANIA BCH Blvd

City & State	City & State
DANIA FLORIDA	DANIA FLORIDA

4. FEI Number	59-2771809	Applied For
		Not Applicable

Zip	Country	Zip	Country
33004	US	33004	US

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**COLDWELL BANKER COMMERCIAL/BRENN.
 BRENNER REAL ESTATE GROUP
 3195 N. POWERLINE ROAD
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name: **CARLOS GARCIA-VELEZ**
 Street Address (P.O. Box Number is Not Acceptable): **336 E DANIA BCH Blvd**
 City: **DANIA** FL Zip Code: **33004**

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: **CARLOS GARCIA-VELEZ** DATE: **3/30/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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	
TITLE	DP <input type="checkbox"/> Delete
NAME	MICHA, ALBERTO
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI FL
TITLE	DVP <input type="checkbox"/> Delete
NAME	MICHA, MOISES
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> Delete
NAME	MICHA, DAVID
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **MOISES MICHA** DATE: **3/30/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)