

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004445

1. Entity Name

SODACO, INC.

Principal Place of Business

43 NORTH KROME AVENUE  
HOMESTEAD FL 33030

Mailing Address

43 NORTH KROME AVENUE  
HOMESTEAD FL 33030

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1722000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FINLAN, MARY  
43 NORTH KROME AVENUE  
HOMESTEAD FL 33030

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

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEYTON, DAVID  
STREET ADDRESS 1550 N. KROME AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE D  
NAME WELLER, THOMAS R  
STREET ADDRESS 65 NW 16TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE D  
NAME MCMILLAN, JANE W  
STREET ADDRESS 2 S. BISCAYNE BLVD., SUITE 1910  
CITY-ST-ZIP MIAMI FL 33030 ☐ Delete

TITLE D  
NAME ESPINEIRA, MARIO JR.  
STREET ADDRESS 25475 S.W. 142ND AVENUE  
CITY-ST-ZIP PRINCETON FL 33032 ☒ Delete

TITLE D  
NAME PORTER, MARLENE  
STREET ADDRESS 28801 S.W. 157TH AVENUE  
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE D  
NAME GOLD, COREY  
STREET ADDRESS 160 N.W. 13TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME Lipe, Daniel  
STREET ADDRESS 28801 SW 157 Avenue  
CITY-ST-ZIP Homestead, FL 33031

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED

7/6/01

(305) 247-2332

FILED  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90013 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)