

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004445

FILED  
Jan 17, 2002 8:00 AM  
Secretary of State

Entity Name: SODACO, INC.

## Current Principal Place of Business:

43 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

43 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number: 32-1722000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINLAN, MARY  
43 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PEYTON, DAVID  
Address: 1550 N. KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: WELLER, THOMAS R  
Address: 65 NW 16TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: MCMILLAN, JANE W  
Address: 2 S. BISCAYNE BLVD., SUITE 1910  
City-St-Zip: MIAMI, FL 33030

Title: D ( ) Delete  
Name: LIPE, DANIEL  
Address: 28801 SW 157 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: PORTER, MARLENE  
Address: 28801 S.W. 157TH AVENUE  
City-St-Zip: HOMESTEAD, FL

Title: D ( ) Delete  
Name: GOLD, COREY  
Address: 160 N.W. 13TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FIALLOS, IGNACIO  
Address: 70 NE 3 STREET  
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAVENE, KATRINA  
Address: 437 N KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO FIALLOS

D

01/17/2002

Electronic Signature of Signing Officer or Director

Date