

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90292 032 \*\*\*\*61.25

**DOCUMENT # N000000004445**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **32-1722000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIALLOS, IGNACIO</b>	
STREET ADDRESS	<b>70 NE 3 STREET</b>	
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WELLER, THOMAS R</b>	
STREET ADDRESS	<b>65 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCMILLAN, JANE W</b>	
STREET ADDRESS	<b>2 S. BISCAYNE BLVD., SUITE 1910</b>	
CITY-ST-ZIP	<b>MIAMI FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIPE, DANIEL</b>	
STREET ADDRESS	<b>28801 SW 157 AVENUE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAVENE, KATRINA</b>	
STREET ADDRESS	<b>437 N KROME AVENUE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLD, COREY</b>	
STREET ADDRESS	<b>160 N.W. 13TH STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Chair-Elect, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fiallos, Ignacio</b>	
STREET ADDRESS	<b>70 NE 3 Street</b>	
CITY-ST-ZIP	<b>Florida City, FL 33034</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McMillan, Jane W.</b>	
STREET ADDRESS	<b>2 S. Biscayne Blvd., Ste 3750</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	<b>C.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lipe, Daniel</b>	
STREET ADDRESS	<b>28801 SW 157 AVE</b>	
CITY-ST-ZIP	<b>Homestead, FL 33031</b>	
TITLE	<b>T.D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pierce, James</b>	
STREET ADDRESS	<b>48 NE 15th St.</b>	
CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jane W. McMillan*

Jane W. McMillan

4/21/03

305  
379-4008

CR2E037 (10/02)