

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002683

1. Entity Name

SONS, INC. OF MIAMI

Principal Place of Business

2311 S Miami Avenue
Miami, FL 33129

Mailing Address

2311 S Miami Avenue
Miami, FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Mark Seiden
777 Brickell Avenue
Suite 100
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
Edward Nicklaus
Street Address (P.O. Box Number is Not Acceptable)
2511 Ponce de Leon Boulevard
Suite 300
City
Coral Gables FL Zip Code
33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Edward Nicklaus
2511 Ponce de Leon Blvd #300
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Lynne V. Olvey
2311 South Miami Avenue
Miami, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 023 ***158.75

A0043228

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)