

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 025 ***150.00

DOCUMENT #

1. Entity Name

P000000029130
SOSA DISTRIBUTOR INTERNATIONAL Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7565 N.W. 44 St.

Suite, Apt. #, etc.

1907

City & State

Lauderhill, FL

Zip

33319

Country

U.S.

3. Mailing Address

7565 NW 44 St.

Suite, Apt. #, etc.

1907

City & State

Lauderhill, FL

Zip

33319

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

650999583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Juan Sosa

Street Address (P.O. Box Number is Not Acceptable)

7565 NW 44 St. #1907

City

Lauderhill

FL

Zip Code

33319

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 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 elect to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME Sosa, Juan
STREET ADDRESS 7565 NW 44 St. #1907
CITY - ST - ZIP Laudershill, FL 33319

TITLE
NAME Claret, Evangelina
STREET ADDRESS 7565 NW 44 St. #1205
CITY - ST - ZIP Laudershill, FL 33319

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

Juan Sosa / President 04/24/02

CR2E034B (12/01)