## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000035687 1. Entity Name SORSYL, CORP. 05-03-2001 90070 044 \*\*\*150.00 Mailing Address Principal Place of Business 13770 S.W. 17TH TERRACE 13770 S.W. 17TH TERRACE **MIAMI FL 33175** MIAMI 'FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1014162 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOHR, SYLVIA P Street Address (P.O. Box Number is Not Acceptable) 13770 S.W. 17TH TERRACE **MIAMI FL 33175** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD Change □ Delete TITLE TITLE SOHR, SYLVIA P NAME NAME STREET ADDRESS 13770 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SOHR, IVAN MARTINEZ NAME NAME STREET ADDRESS 13770 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 تحر - حود TITLE Change ☐ Addition SD 🖘 😇 – – Delete TITLE JIMENEZ, GUILLERMO NAME NAME STREET ADDRESS 13770 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Change **★** Addition ☐ Delete TITI F TITLE MARTINEZ-SOHR MANUEL NAME NAME 137705W INVERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRMI .FL. 33174 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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