

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90188 005 ***150.00

DOCUMENT # P00000061242

1. Entity Name
SOPHISTICATO, INC.

Principal Place of Business

Mailing Address

**5681 WIND DRIFT LANE
BOCA RATON FL 33433**

**5681 WIND DRIFT LANE
BOCA RATON FL 33433**

**One West Camino Real
Suite 201-203
Boca Raton, FL 33432**

2. Principal Place of Business

3. Mailing Address

One West Camino Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201-203

City & State

City & State

Boca Raton Florida

4. FEI Number

65-1021144

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARMEN, LESLIE
5681 WIND DRIFT LANE
BOCA RATON FL 33433**

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.

SIGNATURE: **Leslie Carman**

4/30/2001

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!!! FEE IS \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ Delete
NAME **CARMEN, PHIL**
STREET ADDRESS **5681 WIND DRIFT LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **CARMEN, LESLIE ANN**
STREET ADDRESS **5681 WIND DRIFT LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: **Leslie Carman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (561) 347 0079

Date

Daytime Phone #

CR2E034 (10/00)