

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91558 050 ***150.00

0209406

DOCUMENT # P00000082453

1. Entity Name
SONOMEDIK, INC.

Principal Place of Business Mailing Address
7104 NW 72ND AVE **7104 NW 72ND AVE**
MIAMI FL 33166 **MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address
7104 NW 72nd Ave **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33166 **MIAMI-DADE** **33166** **MIAMI-DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
651034749 Not Applicable

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

BARROSO, HUBERT Name **~~BARROSO~~ BARROSO, Hubert**
11937-SW-9TH LANE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33184 **421 NW 136 Ave**
City **MIAMI** FL Zip Code **33182**

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 *Hubert* DATE **04/29/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	P <input type="checkbox"/> Delete	TITLE	BARROSO Hubert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROSO, HUBERT	NAME	BARROSO Hubert
STREET ADDRESS	11937 9TH LANE E	STREET ADDRESS	421 NW 136 Ave
CITY-ST-ZIP	MIAMI FL 33184	CITY-ST-ZIP	MIAMI FL 33182
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, REINERIO	NAME	SAME
STREET ADDRESS	6704 SW 113 AVE	STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Hubert* **Hubert Barroso** DATE: **04/29/01** DAYTIME PHONE: **305 885 7502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)