FILED
Jul 05, 2001 8:00 am
Secretary of State
05-23-2001 91152 034 ***150.00

50201

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084064

1. Entity Name
SonLite, Inc.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
7270 NW 12th St	PO BOX 226306
Suite, Apt. #, etc. Suite #580	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country USA	Zip 33122 Country USA

4. FEI Number 651041195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Edward J. Abramson
7270 NW 12th St Suite #580
Miami, FL 33126

7. Name and Address of New Registered Agent
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 ______
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 / NAME	Sonia Castaneda ☐ Delete	TITLE / NAME	Sonia Castaneda ☒ Change ☐ Addition
STREET ADDRESS	7270 NW 12th St Suite #580	STREET ADDRESS	PO BOX 226306
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Miami, FL 33122
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE / NAME	☐ Delete	TITLE / NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: SC Sonia Castaneda 04.30.01 (305)597.9014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #