

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095929

1. Entity Name

SONY ENTERPRISES INC

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90219 037 \*\*\*158.75

Principal Place of Business

~~7235 CORAL WAY STE 204~~  
~~MIAMI FL 33155~~

Mailing Address

~~7235 CORAL WAY STE 204~~  
~~MIAMI FL 33155~~

00000017

2. Principal Place of Business

4044 SW 113 AVE

3. Mailing Address

4044 SW 113 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1047439

Applied For

Not Applicable

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, FERNANDO

~~7235 CORAL WAY STE 204~~  
~~MIAMI FL 33155~~

7. Name and Address of New Registered Agent

Name

Same

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

4044 SW 113 AVE

City

MIAMI

FL

Zip Code

33165

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

TITLE PD  
NAME NAVARRO, FERNANDO  
STREET ADDRESS ~~7235 CORAL WAY STE 204~~  
CITY-ST-ZIP ~~MIAMI FL 33155~~ ☐ Delete

TITLE SD  
NAME NAVARRO, CLAUDIA  
STREET ADDRESS ~~7235 CORAL WAY STE 204~~  
CITY-ST-ZIP ~~MIAMI FL 33155~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4044 SW 113 AVE.  
CITY-ST-ZIP MIAMI FL 33165 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 4044 SW 113 AVE.  
CITY-ST-ZIP MIAMI FL 33165 ☒ Change ☐ Addition

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

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

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

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

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

CR2E034 (10/00)

018940