

FILED  
May 06, 2003 8:00 am  
Secretary of State

05-06-2003 90053 032 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000104666

1. Entity Name  
**SOHN FINANCIAL SERVICES INCORPORATED**



Principal Place of Business  
6105 TOWN COLONY DR, #526  
BOCA RATON, FL 33433

Mailing Address  
6105 TOWN COLONY DR, #526  
BOCA RATON, FL 33433

2. Principal Place of Business  
**5523 N. MILITARY TRAIL**  
Suite, Apt. #, etc.  
**No. 1206**

3. Mailing Address  
**5523 N. MILITARY TRAIL**  
Suite, Apt. #, etc.  
**No. 1206**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON, FL**  
Zip  
**33496** Country  
**USA**

City & State  
**BOCA RATON, FL**  
Zip  
**33496** Country  
**USA**

4. FEI Number  
**64-1057412**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HCRM CORP.  
2200 CORPORATE BLVD NW, STE 401  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **JACLYN G. MUSKAT ESQ.**  
Address (P.O. Box Number is Not Acceptable)  
**20 E. BOW & MUSKAT LLP**  
**1200 NORTH FEDERAL HIGHWAY SUITE 301**  
City **BOCA RATON** FL Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**JACLYN G. MUSKAT**

**5-1-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State.

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTDS**  
**SOHN, BARRY**  
**6105 TOWN COLONY DR #526**  
**BOCA RATON, FL 33433**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTDS**  
**SOHN, BARRY**  
**5523 N. MILITARY TRAIL, NO. 1206**  
**BOCA RATON, FL 33496**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **BARREY SOHN** 4-30-03 350-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)