

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106456

1. Entity Name

Sosa's Construction Incorporated

Principal Place of Business

Mailing Address

6209 West Commercial Boulevard # 7

Tamarae, FL 33064

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1055214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alfonso Sosa

6209 West Commercial Blvd # 7

Tamarae, FL 33319

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

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

Alfonso Sosa

(NOTE: Registered Agent signature required when reinstating)

11/21/02

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, 2000 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 PVT Director ☐ Delete
NAME Alfonso Sosa
STREET ADDRESS 6209 W. Commercial Blvd # 7
CITY-ST-ZIP Tamarae, FL 33319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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:

Alfonso Sosa

Alfonso Sosa

954-724-4141

Date

Daytime Phone #

FILED
02 NOV 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CBS FINANCIAL, CPA, PA

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

November 21, 2002

Florida Department of State
Division of Corporations
Annual Reports Filings/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Sosa's Construction Incorporated
Form: 2002 Uniform Business Report
Document #: P00000106456

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently as his CPA Firm.

During our initial interview with the taxpayer it was discovered that they never received the Florida's 2002 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed the properly completed 2002 Uniform Business Report and a check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. Sosa's Construction Incorporated did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Luis A. Escobar, Jr., CPA

Encl.: 2002 Uniform Business Report
Cc.: Sosa's Construction Incorporated