

2003

ATX1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106456
1. Entity Name

Sosa's Construction Incorporated

FILED

04 MAY -7 PM 5:56

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
1520 N.E. 43rd Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

City & State

4. FEI Number
65-1055214

Applied For

Not Applicable

Zip
33064

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Alfonso Sosa

Street Address (P.O. Box Number is Not Acceptable)
1520 N.E. 43rd Court

City
Pompano Beach

FL

Zip Code
33064

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTSV
Alfonso Sosa
1520 N.E. 43rd Court
Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200036998742

05/19/04--01061--012 **\$300.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # ~~P00000106456~~

CBS FINANCIAL, CPA, PA

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

April 29th, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O Box 6327
Tallahassee, FL 32314-6327

Re: Sosa's Construction Incorporated
Form: 2003 and 2004 Uniform Business Report
Document #: P00000106456

Dear Madam/Sir,

We are writing you on behalf our above mentioned client.

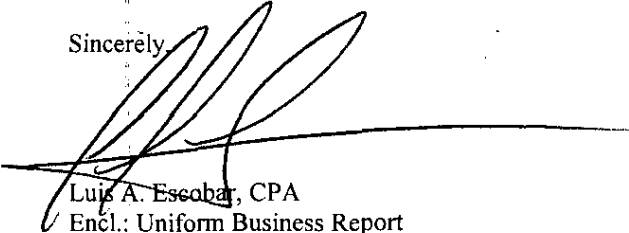
During our initial interview with the taxpayer it was discovered that **they had not received** the Florida's 2003 Uniform Business report; therefore, they had not filed it. Please note that the taxpayer **has moved** and has a **new mailing address**.

Please find enclosed the properly completed 2003 and 2004 Uniform Business reports and a check payable to the Florida Department of State in the amount of \$300.00.

~~Please abate any late filing fees or other penalties. The taxpayer did not intend to file these reports late.~~

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

Sincerely,



Luis A. Escobar, CPA

Encl.: Uniform Business Report

Cc.: Client/Sosa/WDocument/letter