FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-15-2002 90071 021 ***150.00

DOCUMENT # P01000025979

1. Entity Name: So Sumi Realty INC ✓

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2. Principal Place of Business	3. Mailing Address
20810 W. Dixie Hwy	20810 W. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: No. Miami Beach Fla	City & State: No. Miami Beach Fla
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 65-1069313 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Sturing Socol

Street Address (P.O. Box Number is Not Acceptable): 20810 W. Dixie Hwy

City: No. Miami Beach FL Zip Code: 33180

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: _____ DATE: 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES
NAME	Sturing Socol
STREET ADDRESS	20810 W. Dixie Hwy
CITY-ST-ZIP	No Miami Beach Fla 33180
TITLE	V. PRES - Sec Treas
NAME	Eli Socol
STREET ADDRESS	20810 W. Dixie Hwy
CITY-ST-ZIP	No Miami Beach Fla 33180
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sturing Socol