2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000012665 **DOCUMENT #**



FILED Feb 21, 2003 8:00 am Secretary of State

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SOBEIT DESIGNS, CORP.								02-21-2003 30	3044 041	130.00	
Principal Place of Business 3258 VIRGINIA STREET MIAMI FL 33133			Mailing Address 3258 VIRGINIA STREET MIAMI FL 33133					1 (111 1410) US 1110(USU 1810) 1114 1	B112 80602 16010 26010	POD e ber a n dien kan	1
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEt Number 65-1083235 Applied For Not Applicable			_
Zip Country			Zip		try	5. (5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Current	Register	legistered Agent			7. 1	7. Name and Address of New Registered Agent			
	** * ** *	ي د د د د سياستو .	===			Name		•			\neg
	an, Ronali						Street Address (P.O. Box Number is Not Acceptable)				
100 S.E.	2nd St., St	TE. 2700									
MIAMI FL	33131										
									FL Zip	Code	\dashv
	e named entit tions of regist		or the purp	oose of changing its i	registere	ed office or regi	istered ag	ent, or both, in the State of Florid	a. I am familiar v	ith, and acce	pt
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SIGNATURE	Signature byned	or printed name of registered agent	and title if an	nicable (NOTE:	Ranjetera	d Agent signature rec	mired when re	einstating)	DATE		- }
F		!! FEE IS \$150.00		(,0,12			,	<u> </u>		F 00	\dashv
		03 Fee will be \$550.00 Florida Department o	f State					Election Campaign Finan Trust Fund Contribution.		5.00 May Bodded to Fees	a
10.		OFFICERS AND	DIRECTO)RS	11.		ΑC	DITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	\dashv
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12. I hereby certify that the information supplied with ruis filling spes 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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

at une bequireed and SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305:206.3421

Daytime Phone #