

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 019 ***155.00

DOCUMENT # **P01000015213**

1. Entity Name

SORRELL COMMUNICATIONS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2455 HOLLYWOOD BLVD

3. Mailing Address

2455 HOLLYWOOD BLVD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-1080772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NICHOLAS D. MASCETTA

Street Address (P.O. Box Number is Not Acceptable)

2001 SOUTH OCEAN DRIVE

SUITE 7

City

HALLANDALE

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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

Nicholas D. Mascetta **N.D.M.**

Signature, types or printed name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**NICHOLAS D. MASCETTA
PRESIDENT
2001 SOUTH OCEAN DR. SUITE 7
HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
VICTORIA B. MASCETTA
2001 SOUTH OCEAN DR. SUITE 7
HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
THERESA GOLDMAN
3800 SOUTH OCEAN DR. APT. 716
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Nicholas D. Mascetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS D.

MASCETTA 4/25/02 954-453-1170

Date

Daytime Phone #

CR2E034B (12/01)