

2002 UNIFORM BUSINESS REPORT (UBR)

5/9/

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-09-2002 90043 041 ***150.00

DOCUMENT # PQ1000018486

1. Entity Name
SORAMCO, INC.

95289



DO NOT WRITE IN THIS SPACE

Principal Place of Business
401 W COLONIAL DR
ORLANDO FL 32804

Mailing Address
401 W COLONIAL DR STE 4
ORLANDO FL 32804

2. Principal Place of Business
8806 Oak Landings

3. Mailing Address
8806 Oak Landings

Suite, Apt. #, etc.
Orlando FL

Suite, Apt. #, etc.
Orlando FL

City & State
Orlando FL

City & State
Orlando FL

Zip
32836

Country
USA

Zip
32836

Country
USA

4. FFL Number
59-3751786

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZEBRANEK, JAMES D
401 W COLONIAL DR
ORLANDO FL 32804

7. Name and Address of New Registered Agent
ZeBraneK, Daciana
8806 Oak Landings Ct
Orlando FL 32836

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 **Daciana ZeBraneK**
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEBRANEK, JAMES D 401 W COLONIAL DR STE 4 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIERLEA, SORIN 401 W COLONIAL DR STE 4 ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZeBraneK, Daciana 8806 Oak Landings Ct Orlando FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Daciana ZeBraneK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
Date Daytime Phone #

CRF 034 (9/01)