

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

0177904 AV

**DOCUMENT # P01000044629**

1. Entity Name  
**SOHONI ENTERPRISES, INC.**

02-27-2002 90007 047 \*\*\*150.00

Principal Place of Business

**12020 NW 27TH DRIVE  
 CORAL SPRING FL 33065**

Mailing Address

**12020 NW 27TH DRIVE  
 CORAL SPRING FL 33065**



2. Principal Place of Business

**10619 W. ATLANTIC BLVD.**

3. Mailing Address

**10619 W. ATLANTIC BLVD.  
 PMB 220**

DO NOT WRITE IN THIS SPACE

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

4. FEI Number  
**65-1097061**

Applied For  
 Not Applicable

Zip  
**33071**

Country  
**FLORIDA**

Zip  
**33071**

Country  
**FLORIDA**

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

6. Name and Address of Current Registered Agent

**SOHONI, VASANT S  
 12020 NW 27TH DRIVE  
 CORAL SPRING FL 33065**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title 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) ☒

**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	<b>PVSD</b>	<input type="checkbox"/> Delete
NAME	<b>SOHONI, VASANT S</b>	
STREET ADDRESS	<b>12020 NW 27TH DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRING FL 33065</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOHONI, VASANT S</b>	
STREET ADDRESS	<b>12020 NW 27TH DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRING FL 33065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE OF VASANT S. SOHONI 1/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-344-1466**

CR2E034 (9/01)