FILED Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90083 046 ***150.00

UNIFORM BUSINE	SS REPORT	(UBR)	<u> </u>		1 2	OUU	200U	J
DOCUMENT # P010000532		1/2	22 Pa		* -	,		
. Entity Name	To great	/ 3			, and a second s			
SOBRANCE CORP.		$\sqrt{ \emptyset }$						
Principal Place of Business	Mailing Address							
5573 PACIFIC BLVD	431 W CAMINO REAL: #2	21	1					
# 3513 Boca Raton, FL 33433	BOCA RATON, FL 33432							
BUCK RATUR, FE 35499				18897		. 	FF 1999 FF FF FF	
2. Principal Place of Business		OIFIC	BIVD,	 				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	351	3		CHECK HERE	IF MAKING C		olied For
City & State	City & State BOC	• •	a ton	4. FEI NU	65-1116892		Nol	Applicable
Zip Country	zp 3 343	3 Country		ļ	ate of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current	Registered Agent	N	lame	7. Name	and Address of New	Hegistered A	perit.	
ANDREJCO, JURAJ 5573 PACIFIC BLYD			Street Address (P.O. Box Number is Not Acceptable)					
#3613 BOCA RATON, FL 33433				_				
•		i i	Dity			FL	Zip Code	
The above named entity submits this statement if the colligations of registered agent.	or the purpose of changing it	ts registered o	office or register	red agent, o	r both, in the State of F	Florida, Ism fa	amiliar with,	and accept
SIGNATURE Signalum, typed or primed name of registered agent	nt and vide if applicable. (NO)TE: Playin tried Au	jeni s igratijas iecijos ec	J when minssow		CATE		
FAILE NOWINEFEE IS \$150.00 FAR at May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department			'	g	Election Campaign I Trust Fund Contribu			0 May Be to Fees
0.55105000 ANI	CONTROL CONTRO	11.		ADDITIO	MS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
10. OFFICERS AND	☐ Delete	TITLE					□ Change	Addition
NAME ANDREDCO, JUAN		NAME STREET A	IUUBEss					
STREET ADDRESS 5573 PACIFIC BLVD # 3513 CITY-ST-2P BOCA RATON, FL 33433		CITY-ST-						
TITLE	☐ Delete	TITLE					☐ Change	Addition
NAME		NAME		•				
STREET ADDRESS		STREET A	1					
CHY-ST-ZP	Delete	1file					Change	Addition
TITLE		NAME			i			
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CITY-ST-2P		TITLE			 ,		☐ Change	☐ Addition
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NAME . STREET ADDRESS	•		ADDRESS					
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TITLE	🗖 Delete	TIFLE NAME					☐ Change	Addition [
NAME		STREET.	ADDRESS					
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1/1/LE	Delete	TALE					☐ Change	Addition
NAME		NAME STREET	ADDRESS					
STREET ADDRESS		Criv-si						_
CHY-SI-2P	with this filing does not qualify	for the exemp	ption stated in S	Section 119.	07(3)(i), Florida Statut	es. I further ce	rtity that the	information
thereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee er	t is true and accurate and the npowered to execute this rep	at my signatur oort as require	re shall have the ed by Chapter 60	e same lega 07, Florida S	I effect as it made und Statutes: and that my r	ame appears	n Block 10	or Block 11 if
 I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee er changed, or on an attachment with an address 	n is true and accurate and the appropriate this rep is, with all other like empower	at my signatur ort as require red.	re shall have the ed by Chapter 60	07, Florida S	statutes; and that my n	ame appears	in Block 10	or Block 11 if
12. I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee of changed, or on an attachment with an address SIGNATURE:	In the all decorate this rep s, with all other like empower	at my signatur ort as require red.	re shall have the	07, Florida S	oz - o6 -	ame appears	In Block 10	or Block 11 if