

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-21-2003 90129 049 ***150.00

DOCUMENT # P01000070156

1. Entity Name
SOVEN, INC.



Principal Place of Business
**638 CRANDON BLVD., SUITE 13
KEY BISCAVNE FL 33149**

Mailing Address
**638 CRANDON BLVD., SUITE 13
KEY BISCAVNE FL 33149**

2. Principal Place of Business

3. Mailing Address

50 W. MASHTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

City & State
KEY BISCAVNE

4. FEI Number **65-1132856**

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERASO, JAMES E

638 CRANDON BLVD., SUITE 13 **50 W. MASHTA DR**
KEY BISCAVNE FL 33149 **SUITE 3**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME ERASO, JAMES E	
STREET ADDRESS 638 CRANDON BLVD., SUITE 13	
CITY-ST-ZIP KEY BISCAVNE FL 33149	
TITLE STD	<input type="checkbox"/> Delete
NAME ERASO, PATRICIA B	
STREET ADDRESS 638 CRANDON BLVD., SUITE 13	
CITY-ST-ZIP KEY BISCAVNE FL 33149	
TITLE VPD	<input type="checkbox"/> Delete
NAME GREEVEN, JOHN M	
STREET ADDRESS 638 CRANDON BLVD., SUITE 13	
CITY-ST-ZIP KEY BISCAVNE FL 33149	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERASO, JAMES E	
STREET ADDRESS 50 W. MASHTA DR, SUITE 3	
CITY-ST-ZIP KEY BISCAVNE, FL 33149	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERASO, PATRICIA	
STREET ADDRESS 50 W. MASHTA DR, SUITE 3	
CITY-ST-ZIP KEY BISCAVNE, FL 33149	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 14/ 2003

305 365 6424

Date

Daytime Phone #

CR2E034 (4/03)