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

04-29-2002 90069 041 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000075964**

1. Entity Name  
**MIKE SOSA, INC.**

Principal Place of Business  
**3221 N.W. 88 AVE.**  
**CORAL SPRINGS FL 33065**

Mailing Address  
**3221 N.W. 88 AVE.**  
**CORAL SPRINGS FL 33065**

95333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

HILDA'S PLACE

Suite, Apt. #, etc.

1375 LYONS ROAD.

City &amp; State

City &amp; State

CORAL SPRING FL.

Zip

Country

33065

Country

Broward.

4. FEI Number

65-1127960

Applied For

Not Applicable

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

SOSA, MIKE  
 3221 N.W. 88 AVE.  
 CORAL SPRINGS FL 33065

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 releasing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Pres.  
 MIKE SOSA  
 3221 NW 88th Ave  
 Coral Spring FL 33065

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

**Signature Required**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

954-757-1341

Daytime Phone #

CR2004 (9/01)