

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 019 \*\*\*150.00

**DOCUMENT # P01000079679**

**1. Entity Name**  
**SOFINT CORPORATION**

**Principal Place of Business**  
**C/O ROTH ROUSSO & DARRACH PA**  
**3440 HOLLYWOOD BLVD STE 360**  
**HOLLYWOOD FL 33021**

**Mailing Address**  
**C/O ROTH ROUSSO & DARRACH PA**  
**3440 HOLLYWOOD BLVD STE 360**  
**HOLLYWOOD FL 33021**

**872780**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-1131504	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROTH, LEONARDO A ESO**  
**C/O ROTH ROUSSO & DARRACH PA**  
**3440 HOLLYWOOD BLVD STE 360**  
**HOLLYWOOD FL 33021**

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

**SIGNATURE** *Leonardo A. Roth* **LEONARDO A. ROTH, ESO** **9/13/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPT</b> <b>JACOB, SERGIO E</b> <b>8225 LAKE DR APT C-501</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVS</b> <b>ARBORIO, RAUL PEDRO</b> <b>14355 SW 97 LANE</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *Sergio E. Jacob* **SERGIO E. JACOB, D.P.T** **9/13/02** **954-322-4280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

872780

#P010000179679

ROTH, ROUSSO & DARRACH, P.A.

ATTORNEYS AT LAW

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LEONARDO J. CARABALLO  
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FABIAN A. PAL  
ALEX D. SIRULNIK

OF COUNSEL

ALAN B. SCHNEIDER, P.A.

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FAX: 954.322.4281

REAL ESTATE FAX: 954.322.4282

September 13, 2002

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: SOFINT CORPORATION

Dear Sir/Madam:

Enclosed please find the duly executed "2002 Uniform Business Report" for the above referenced corporation, along with a check in the sum of \$150.00 to cover the filing fee of the same.

I kindly request that you waive any penalties that this corporation may have incurred given that the first notification was never received.

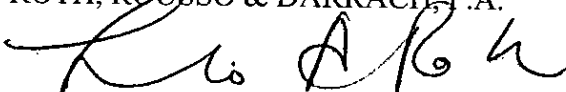
Please, advise us as of the status of this matter.

If you have any questions, please feel free to contact this office.

Thank you for your attention to this matter.

Very Truly Yours,

ROTH, ROUSSO & DARRACH, P.A.



LEONARDO A. ROTH

LAR: ga