

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -6 PM 1:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO1000079679

1. Entity Name

Sofint Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14355 S.W. 97 Lane

Suite, Apt. #, etc.

3. Mailing Address

14355 S.W. 97 Lane

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

65-1131504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Pedro Arborio

Street Address (P.O. Box Number is Not Acceptable)

14355 S.W. 97 Lane

City Miami

FL

Zip Code
33186

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/3/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPT
Jacob, Sergio E
8225 Lake Dr., Apt C-501
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVS
Arborio, Raul Pedro
14355 S.W. 97 Lane
Miami, FL 33186

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address for all of the empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO ARBORIO, V.P. ✓

11/3/03

DATE

305-382-0427

TELEPHONE NUMBER

SOFINT CORPORATION
14355 S.W. 97th Lane
Miami, Florida 33186

October 31, 2003

Division of Corporations
P O Box 1500
Tallahassee, FL 32302

RE: P01000079679

Dear Sir or Madam:

We received your letter of May 28, 2003 and promptly answered with a corrected annual report that reflected the name of a person as a resident agent instead of an entity.

The resident agent, Mr. Pedro Arborio signed the form as the president of the corporation but neglected to sign in the provided space for a Resident Agent, but since you never notified us of this error it was not until today when checking in your web site that we discovered our corporation had been dissolved.

I immediately called your office and found that the problem had been with the missing signature as a resident agent.

Enclosed please find once again our annual report with the signature of both the Resident Agent as well as the president and we hope you reinstate our Company as we filed on time, paid on time, and our intention was always to comply with the law.

Your cooperation in this matter will be greatly appreciated.

Sincerely,

SOFINT CORPORATION



Pedro Arborio
President