

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90050 047 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000087269**

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

Principal Place of Business  
**508 COLUMBUS PARKWAY  
HOLLYWOOD FL 33021**

Mailing Address  
**508 COLUMBUS PARKWAY  
HOLLYWOOD FL 33021**



2. Principal Place of Business  
**7318 State Road 52**  
Suite, Apt. #, etc.

3. Mailing Address  
**7318 State Road 52**  
Suite, Apt. #, etc.

City & State  
**Hudson, Florida**  
Zip  
**34667** Country  
**Pasco**

City & State  
**Hudson, Florida**  
Zip  
**34667** Country  
**Pasco**

4. FEI Number  
**65-1137343** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTD</b>			
	<b>FONG, MICHAEL J</b>			
	<b>508 COLUMBUS PARKWAY</b>			
	<b>HOLLYWOOD FL 33021</b>			
	<b>VSD</b>			
	<b>SOSA-FONG, GEORGINA</b>			
	<b>508 COLUMBUS PARKWAY</b>			
	<b>HOLLYWOOD FL 33021</b>			

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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: **X Michael J Fong**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)