

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

DOCUMENT # *PO1000087747*

1. Entity Name

Sonnel Holding Corporation

**FILED
May 14, 2002 8:00 am
Secretary of State**

05-14-2002 90337 007 ***150.00

00100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7001 N. Biscayne Blvd</i>	3. Mailing Address <i>800 CINNAMON ISLAND DR.</i>
Suite, Apt. #, etc. <i>#2403 SAME</i>	Suite, Apt. #, etc. <i>#2403</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip	Country <i>FL</i>

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Nelson Oliva

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

SAME AS Above

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

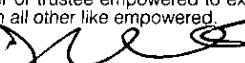
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(P) Nelson Oliva SAME AS ABOVE. (President and Sole Officer)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

705-336-4876

Date

Daytime Phone #

CR2E034B (12/01)