

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

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

05-14-2002 90337 007 ***150.00

DOCUMENT # **PO10000087747**

1. Entity Name

SOMMEL HOLDING CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI, FL

3. Mailing Address

800 CLAYTON ISLAND DR.

Suite, Apt. #, etc.

#2403 SAME

Suite, Apt. #, etc.

#2403

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

Zip

33131

Country

DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**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.

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 **(P)** **NELSON OLIVA**
NAME **SAME AS ABOVE.**
STREET ADDRESS **(PRESIDENT**
CITY-ST-ZIP **AND**
SOLE OFFICER)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**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

5/3/02

305-336-4876

Daytime Phone #

CR2E034B (12/01)