

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03/05/05 AV

DOCUMENT # P01000093851

1. Entity Name
SOUL OF AMERICA, INC.

03-18-2002 90017 022 ***150.00

Principal Place of Business
**1975 E. SUNRISE BLVD., 5TH FLOOR
SUITE 527
FORT LAUDERDALE FL 33304**

Mailing Address
**1975 E. SUNRISE BLVD., 5TH FLOOR
SUITE 527
FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2400 E LAS OLAS BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

City & State

4. FEI Number
65-1141824

Applied For
Not Applicable

Zip
33301

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTANA, ALEXANDRE G
1975 E. SUNRISE BLVD., 5TH FLOOR
SUITE 527
FORT LAUDERDALE FL 33304**

Name **SANTANA, ALEXANDRE G**
Street Address (P.O. Box Number is Not Acceptable)
2400 E LAS OLAS BLVD SUITE C
City **FORT LAUDERDALE** FL Zip Code **33301**

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 _____ (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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SANTANA, ALEXANDRE G 370 NE 7TH AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTANA, ALEXANDRE G 370 NE 7TH AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, or in all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/29/02** x Daytime Phone # **954-522-6874**

CR2E034 (9/01)