

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90123 006 \*\*\*150.00

007214 AV

**DOCUMENT # P02000095958**

1. Entity Name

**SOPHEE CORPORATION**



Principal Place of Business

**2445 SOUTHWEST 18TH TERRACE STE 1107  
FT LAUDERDALE FL 33315**

Mailing Address

**2445 SOUTHWEST 18TH TERRACE STE 1107  
FT LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CIFUENTES, CESAR  
2445 SOUTHWEST 18TH TERRACE STE 1107  
FT LAUDERDALE FL 33315**

☐ Delete

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1

Daytime Phone #

**7/12/03**

CR2E034 (4/03)

Attachment  
90144987  
P02000095958

To whom it may concern:

I'm sending the original filing fee of \$150.00. I'm the president of Sophee Corporation. This is my first notice and I did NOT receive your original notice. I apologize for any convenience this has caused.

Please feel free to contact me with any questions or concerns.

Regards,

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Cesar Cifuentes, President  
Sophee Corporation  
954.761.1424 Office  
954.336.6403 Mobile

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