

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

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**FILED**

03 NOV 14 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119753

1. Entity Name

SOBE MANAGEMENT GROUP, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
P.O. BOX 190507

3. Mailing Address  
P.O. BOX 190507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT**

03

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33119

Country  
MIAMI-DADE

Zip  
33119

Country  
MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **STEINBERG, RICHARD L. ESQ.**

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

**767 ARTHUR GODFREY ROAD**

City **MIAMI BEACH**

**FL**

Zip Code  
**33140-3413**

**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. 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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURTAT, GILLES PO BOX 190507 MIAMI, FLORIDA 33119	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-03

(305)477-5621

Date

Daytime Phone #

CR2E034B (12/02)

20f12

SOBE MANAGEMENT GROUP, INC.

P.O. BOX 190507

MIAMI BEACH, FL 33119

305-531-2706

November 5, 2003

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

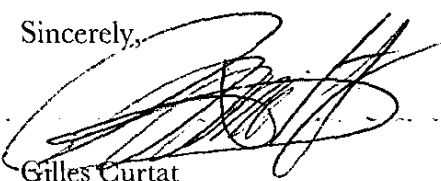
As per our phone conversation, I have attached a check for \$150.00 for the year 2003 Uniform Business Report filing.

Additionally, please change my mailing address to P.O. Box 190507, Miami Beach, FL 33119.

As discussed, please waive any re-instatement penalties because, I never received the notices from your office to file for 2003.

Thank you for your assistance and cooperation. If there are any questions please contact me at the above number.

Sincerely,



Gilles Curtat  
President