

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90158 009 ***150.00

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DOCUMENT # P93000060519

1. Entity Name
SOHO COMPANY



Principal Place of Business
25 SW OSCEOLA ST
STUART FL 34994
US

Mailing Address
25 SW OSCEOLA ST
STUART FL 34994
US



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 65-0430814

Applied For
Not Applicable

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

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSEN, JULIE
25 SW OSCEOLA STREET
STUART FL 34994

Name GARAT, ANGELA PRYOR

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

25 SW OSCEOLA STREET

City STUART

FL

Zip Code 34994

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]* PO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO
NAME ERICKSEN, JULIE
STREET ADDRESS 25 SW. OSCEOLA ST.
CITY-ST-ZIP. STUART FL 34994 ☒ Delete

TITLE PO
NAME GARAT, ANGELA PRYOR
STREET ADDRESS 25 SW OSCEOLA ST
CITY-ST-ZIP STUART FL 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SO
NAME GARAT, IGNACIO
STREET ADDRESS 25 SW OSCEOLA ST
CITY-ST-ZIP STUART FL 34994 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/03 (772) 220-7306

Date

Daytime Phone #

CR2E034 (10/02)