

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90018 025 ***150.00

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 AV

DOCUMENT # P93000072054

1. Entity Name

SOFILINK INCORPORATED

Principal Place of Business

**6810 NW 82 AVE
 MIAMI FL 33166
 US**

Mailing Address

**6810 NW 82 AVE
 MIAMI FL 33166
 US**

2. Principal Place of Business

11101 NW 43 LN

Suite, Apt. #, etc.

3. Mailing Address

11101 NW 43 LN

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0442480

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GUILLÉN, ISIDRO

11101 NW 43RD LANE

MIAMI FL 33178

7. Name and Address of New Registered Agent

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.

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) ☐

**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

TITLE **PD** ☐ Delete
 NAME **GUILLÉN, ISIDRO**
 STREET ADDRESS **11101 NW 43RD LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **V** ☐ Delete
 NAME **GUILLÉN, RAIZA E**
 STREET ADDRESS **11101 NW 43RD LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** ☒ Delete
 NAME **GUILLÉN, NELSON, A**
 STREET ADDRESS **11101 NW 43RD LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **T** ☒ Delete
 NAME **GUILLÉN, RAIZA, C**
 STREET ADDRESS **11038 NW 43RD TERRACE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **PD** ☒ Delete
 NAME **GUILLÉN, ISIDRO J**
 STREET ADDRESS **4728 NW 97 CT**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S** ☒ Delete
 NAME **GUILLÉN, NELSON A**
 STREET ADDRESS **4728 NW 97 CT**
 CITY-ST-ZIP **MIAMI FL 33178**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

ISIDRO J. GUILLÉN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

305 477-6962

Daytime Phone #

CR2E034 (9/01)