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

DOCUMENT # P94000035696 1. Entity Name

S.O.T. CORP

2. Princip

Zio





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		1 - 1	<u>-</u> -				
DO NOT WRITE	IN THIS SP	AGE 25	SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Place of Business  /8/2 SW 3/57 AVE	3. Mailing Address	AME					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		2002-12003°	LJE			
City & State PEMBROKE PARK, FL	City & State		4. FEI Number 65-0493773	Applied F Not Appli			
Zip Country U.S.	Zip	Country	5. Certificate of Status Desired Section 58.75	Additional quired			
		ideas)	7. Name and Address of Current Registered Agent				
A THE REPORT OF THE PROPERTY O		Name D/A	IER, JESSE H				
DO NOT W	<u>XII Charles a</u>	Street Address (f	O. Box Number is Not Acceptable)				

INITUIO CENCE

•	1		- 1	-ee Required	
	7. Name a	nd Address of Curre	nt Registered	Agent	
Name	DINER,	JESSE	H		
Street A	ddress (P.O. Box Nu 1946 Tyd	umber is Not Acceptal	(e)		
City	Houses		FL	Zip Code	

	City Howy	1000	FL	Zio Code 33020
8. The above named entity submits this statement for the purpose of changing its retate obligations of registered agent.  SIGNATURE Signature, speed or printed name of registered agent and title 4 applicable. (NOTE R				illiar with, and accept
January 1: May 1 Fee is \$150.00  After May 1; Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Ffor ida Department of State	egistered Agent signature required when re	9. Election Campaign Financia Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		andalika diagrapataka atabili kece		
TITLE P NAME PLESSY, CHARLES M. JR. STREET ADLESSS 1812 SW 3 1 ST AVE CITY-ST-ZIP PEMBLOKE PARK, R. 33009	NAME STREET ADDRESS CITY ST. ZIP	3000185 05/08/03-01071	72. -009	235 **300.00
TITLE VP NAME MIGURE J RODRIGUES STREET ADDRESS CITY-ST-ZIP DAVIE FL 333228	TITLE NAME NAME STREEL ADDRESS CITY-ST-ZIP			
TITLE NAME SIREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-SI-ZIP	DO NOT W	/RIT	
TITLE NAME STREET ADDRESS City-S1-Zip	NAME STREET ADDRESS CITY-ST. ZIP	IN THIS SE	AC	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS CITY ST 2P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME SIRET ADDRESS CITY-ST-ZIP			

Increase 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:

Daytime Phone \*



## RODRIGUEZ, KINZBRUNNER & CONIGLIO

A Partnership of Professional Associations
4801 SOUTH UNIVERSITY DRIVE, SUITE 3000
DAVIE, FLORIDA 33328

(954)680-6114 FAX (954)680-6135

May 6, 2003

Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

RE:

S.O.T. CORP.

DOC: P94000035696

Dear Sir or Madam:

Accompanying are the 2002 and 2003 Uniform Business Report (UBR) for S.O.T. CORP. along with their check in the amount of \$300.00 to cover both years.

The reason the reports were not filed was that the forms were not received and this fact was just discovered.

Accordingly, please accept our filing and waive any penalties that may otherwise result.

Sincerely,

Rodriguez, Kinzbrunner & Coniglio

Miguel/J. Rodriguez,

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