

2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90146 005 ***150.00

DOCUMENT # **P94 000058624** ✓
1. Entity Name
SOUTHERN SOL IMPORTS, INC

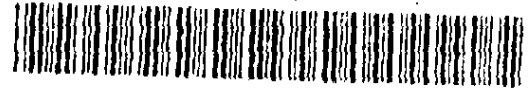
Principal Place of Business

**% MITCHEL A. SILVER & CO.
P.O. BOX 223592
HOLLYWOOD FL 33022-3592**

Mailing Address

**% MITCHEL A. SILVER & CO.
P.O. BOX 223592
HOLLYWOOD FL 33022-3592**

A0037846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4202 N. OCEAN DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip
33019

Country
USA

Zip

Country

4. FEI Number

65-0510309

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

Name **ALAN MAGNESS**

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

4202 N. OCEAN DR

City **HOLLYWOOD**

FL

Zip Code
33019

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 **X** *[Signature]*
Signature is either printed name of registered agent and his address or

(NOTE: Registered Agent signature required when registering)

X **4/5/00**
DATE

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

THRU MAY 1, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

ADDRESS ST-ZIP	PSD. ALAN MAGNESS ☐ Delete 4202 N. OCEAN DR HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I 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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF UBR TO BE MAINTAINED

4/5/00
DATE

(Signature) 0240