2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90146 005 ***150.00

DOCUMENT # P94000058624

1. Entity Name
SOUTHERN SOL IMPORTS, INC

Principal Place of Business	Mailing Address
~~% MITCHEL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592~~	% MITCHEL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592

A0037846

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4202 N. OCEAN DR.	
Suite, Apt. #, etc.	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 _____ DATE: X 4/5/00
Signature, type/print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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

PSD ALAN MAGNESS ☐ Delete
4202 N. OCEAN DR
HOLLYWOOD, FL 33019

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 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: X _____ 4/5/00 (954) 921-0240
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE