

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90072 010 \*\*\*150.00

0129733 AT

**DOCUMENT # P94000058624**

**1. Entity Name**  
**SOUTHERN SOL IMPORTS, INC.**



**Principal Place of Business**  
**4202 N OCEAN DR**  
**HOLLYWOOD FL 33019**

**Mailing Address**  
**P O BOX 223592**  
**HOLLYWOOD FL 33022-3592**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0510309**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**MAGNESS, ALAN**  
**4202 N. OCEAN DR.**  
**HOLLYWOOD FL 33019**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MAGNESS, ALAN**  
**STREET ADDRESS** **% 4202 N OCEAN DR**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33019**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #  
80134591  
DQ4660058624  
**Southern Sol Inc.**  
**2090 NE 65<sup>th</sup> Street**  
**Ft. Lauderdale, Florida 33308**

**July 22, 2003**

**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, Florida 32314**

**To Whom It May Concern:**

***It has come to our attention through correspondence with our accountant that our 2003 Uniform business report was not paid. This was all do to the fact that Southern Sol Inc. moved on December 2002 and corporate paperwork was never forward to our new address.***


***Please forgive us for this oversight. For we have been unpacking and reorganizing during the first part of the year. We had not noticed until this point that the taxes had not been filed and paid for promptly.***

***Please note that in the past 10 years of filing we have filed on time every year as is our policy.***

***We have enclosed a check for 2003 filing. Please notify us is there is anything else you request.***

***Please note we have a new address: 2090 ne 65th Street***  
***Ft. Lauderdale, Florida 33308***

***Sincerely;***

  
**Mr. Alan Magness**  
**President**