

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014356

1. Entity Name
SOBE STITCH, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90309 001 ***150.00

Principal Place of Business
**18590 NE 2ND AVE
MIAMI FL 33179
US**

Mailing Address
**18590 NE 2ND AVE
N MIAMI BCH FL 33179
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0558167**

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

**BRAUNSTEIN, ERIC J
2 SOUTH UNIVERSITY DRIVE
PLANTATION FL 33324**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD SAAR, OREN** ☐ Delete
STREET ADDRESS **18590 NW 2ND AVE**
CITY-ST-ZIP **N. MIAMI BCH FL**

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

TITLE
NAME **VP SAAR, JOSEPH** ☐ Delete
STREET ADDRESS **2340 NE 192 ST**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE
NAME **T DANAN, DORIT** ☐ Delete
STREET ADDRESS **19380 COLLINS AVE #1216**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE
NAME **DORIT DANAN** ☒ Change ☐ Addition
STREET ADDRESS **1141 N.E. 166 ST**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33162**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **X**

OREN SAAR

4-23-01

305-770-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)