

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015458

1. Entity Name  
SOCH OF CARRIAGE HILLS, INC.

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90056 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4700 HIATUS RD. STE 153 SUNRISE FL 33351 US		Mailing Address 4700 HIATUS RD. STE 153 SUNRISE FL 33351 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent  GENET, BENJAMIN J. 4700 HIATUS RD. SUITE 153 SUNRISE FL 33351				4. FEI Number <b>65-0559712</b>	Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code <b>FL</b>		

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete GENET, BENJAMIN J 4700 HIATUS RD., STE 153 SUNRISE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Benjamin J. Genet, President

04/16/01 954-572-9159

Date

Daytime Phone #

CR2E034 (10/00)