

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90349 013 \*\*\*150.00

**DOCUMENT # P96000023198**

1. Entity Name

**SO INVITING, INC.**

Principal Place of Business

10092 NW 13 COURT  
PLANTATION FL 33322

Mailing Address

10092 NW 13 COURT  
PLANTATION FL 33322

2. Principal Place of Business

9939 NW 2<sup>nd</sup> Gr.  
Suite, Apt. #, etc.

3. Mailing Address

9939 NW 2<sup>nd</sup> Gr.  
Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number: 05-0664136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREIT, RICHARD H  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: Donna Farbish

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

9939 NW 2<sup>nd</sup> Gr.

City: Plantation

FL

Zip Code: 33324

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. ☐

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARBISH, ELISSA	
STREET ADDRESS	9940 SW 4TH STREET	
CITY-ST-ZIP	PLANTATION FL 32324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farbish, Donna	
STREET ADDRESS	9939 NW 2 <sup>nd</sup> Gr.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01

Date

Daytime Phone #

CR2E034 (10/00)