

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057404

1. Entity Name

SONIMAR, INC. DBA CONDORPASA RESTAURANT

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90071 034 ***150.00

Principal Place of Business

Mailing Address

953 SW 71 AVE
NO LAUDERDALE FL 33068

953 SW 71 AVE
NO LAUDERDALE FL 33068-2313

2. Principal Place of Business

3. Mailing Address

12402 N.W 54 CT

12402 N.W 54 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs FL

Zip

33076

Country

Zip

33076

Country

4. FEI Number

65-0690848

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

ENRIQUE SU
9900 RIVERSIDE DR., APT 112
CORAL SPRINGS FL 33071

Name

ENRIQUE SU

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

12402 N.W 54 CT

City

Coral Springs

FL

Zip Code

33076

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

Enrique Su

(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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ENRIQUE, SU
9900 RIVERSIDE DR #112
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ENRIQUE SU
12402 N.W 54 CT
CORAL SPRINGS FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SERRUYA, SONIA
310 GRANT STREET
HOLLYWOOD FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

Enrique Su

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(954) 726 6900

Daytime Phone #