

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90261 024 \*\*\*150.00

**DOCUMENT # P96000074031**  
1. Entity Name  
**SOMOZA-STEVENS ENTERPRISES, INC.**



Principal Place of Business  
**9400 SW 103RD STREET  
MIAMI FL 33176**

Mailing Address  
**9400 SW 103RD STREET  
MIAMI FL 33176**

2. Principal Place of Business  
**1850 U.S Highway One**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

City & State

Zip Country  
**32960 FL**

Zip Country

4. FEI Number **65-0715095**  Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SOMOZA, JULIA  
9400 SW 103RD STREET  
MIAMI FL 33176**

7. Name and Address of New Registered Agent  
Name  
**Myrna Somoza**  
Street Address (P.O. Box Number is Not Acceptable)  
**9400 S.W. 103 Street**  
City  
**Miami, FL** Zip Code  
**33176**

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 *Myrna Somoza President* *MYRNA SOMOZA* *4/21/03*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOMOZA, JULIO</b> <b>9400 SW 103RD STREET</b> <b>MIAMI FL 33274</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOMOZA, MYRNA</b> <b>9400 SW 103RD STREET</b> <b>MIAMI FL 33274</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENS, LINDA S</b> <b>1901 BAY ROAD #201</b> <b>VERO BEACH FL 32963</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Myrna Somoza</b> <b>9400 S.W. 103 Street</b> <b>Miami, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice- President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Julio Somoza</b> <b>9400 S.W. 103 Street</b> <b>Miami, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Myrna Somoza* *MYRNA SOMOZA* *4/21/03* *(305) 598-0996*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)