

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000017253**

1. Entity Name **Sound Hospitality Management, Inc.**

FILED

00 APR -6 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**270 N.E. 4 Street  
Miami, FL 33132**

Mailing Address  
**270 N.E. 4 Street  
Miami, FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0729406**

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

**Corporation Company of Miami  
201 S. Biscayne Blvd.  
1600 Miami Center  
Miami, FL 33131**

Name  
**C T Corporation System**

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

**1200 S. Pine Island Road**

City **Plantation** **FL** Zip Code **33324**

**VICKY GOLDSTEIN**

**SPECIAL ASSISTANT SECRETARY**

8. The above named entity submits this statement for the purpose of **SPECIAL ASSISTANT SECRETARY** registered agent, or both, in the State of Florida.

SIGNATURE *Vicky Goldstein*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-5-00**  
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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **Benoist Castera**  
CITY-ST-ZIP **270 N.E. 4 Street**  
**Miami, FL 33132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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, 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

*Benoist Castera* **04/04/00** **305-358-0661**

Date

Daytime Phone #

CR2E034 (9/99)