

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR -9 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036600

1. Entity Name

SOBRUCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Hampton Lane

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne, FL

City & State

4. FEI Number

65-0747541

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Suzanne Youmans-Labrit

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

150 Hampton Lane

City

Key Biscayne

FL

Zip Code

33149

**DO NOT WRITE
IN THIS SPACE**

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

Suzanne Youmans-Labrit

4/5/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME Suzanne Youmans-Labrit
STREET ADDRESS 150 Hampton Lane
CITY- ST- ZIP Key Biscayne, FL 33149

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne Youmans-Labrit

4/5/02

305-347-6549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Youmans-Labrit

Daytime Phone #

CR2E034B (12/01)