

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90271 037 ***150.00

DOCUMENT # P97000061390

1. Entity Name
THE SOVEREIGN GROUP, INC.

Principal Place of Business
388 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address
388 MIRACLE MILE
CORAL GABLES FL 33134

2. Principal Place of Business

3929 Ponce de Leon Blvd
 Suite, Apt. #, etc.
Coral Gables,

3. Mailing Address

3929 Ponce de Leon Blvd.
 Suite, Apt. #, etc.
Coral Gables, Florida

City & State
Florida

City & State
Coral Gables, Florida

Zip
33134

Country

Zip
33134

Country

4. FEI Number **65-0840029**

Applied For
 Not Applicable

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

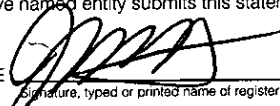
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-RIOS, JOSE
600 NE 31 STREET
#A-23
MIAMI FL 33137

Name
Garcia-Rios, Jose
 Street Address (P.O. Box Number is Not Acceptable)
8714 S.W. 113 Pl. Cir E
 City **Mia** **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.

SIGNATURE 

4-16-01

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. (See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GARCIA-RIOS, JOSE**
 STREET ADDRESS **600 NE 31ST ST., SUITE A-23**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **P** ☒ Change ☐ Addition
 NAME **Garcia-Rios, Jose**
 STREET ADDRESS **8714 S.W. 113 Pl. Cir E**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VP** ☐ Delete
 NAME **LAZOFF, RICKY**
 STREET ADDRESS **CALLE CESAR GONZALEZ**
 CITY-ST-ZIP **HATO REY, PUERTO RICO 00918**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Lazoff, Ricardo**
 STREET ADDRESS **Estancias de Torrima**
 CITY-ST-ZIP **Palma Real #9, San Juan PR**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

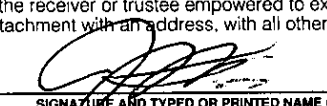
TITLE ☐ Delete
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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

4-16-01 (305)
 Date Daytime Phone # **448-9244**

CR2E034 (10/00)