

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000062609**

1. Entity Name  
**SONDOV CAPITAL INC.**



Principal Place of Business  
**4280 GALT OCEAN DRIVE  
14P  
FORT LAUDERDALE FL 33308**

Mailing Address  
**4280 GALT OCEAN DRIVE APT 14-P  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Zip** Country **Country**

4. FEI Number **65-0768823**  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**

**SONDOV, HERMAN  
4280 GALT OCEAN DRIVE APT 14-P  
FORT LAUDERDALE FL 33308**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**DP  
SONDOV, HERMAN  
4280 GALT OCEAN DRIVE APT 14-P  
FORT LAUDERDALE FL 33308**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**PORT LA  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**VPS  
SONDOV, STEVEN  
3070 RIVER NORTH PKWY, NW  
ATLANTA GA 30328**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DELIZZA, KINA  
4280 GALT OCEAN DR. APT. 14P  
FORT LAUDERDALE FL 33308**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**SONDOV, HERMAN  
4280 GALT OCEAN DRIVE APT 14-P  
FORT LAUDERDALE FL 33308**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**SONDOV, STEVEN  
3070 RIVER NORTH PKWY, NW  
ATLANTA GA 30328**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03 954-564-0546  
Daytime Phone #

928330

CR2E034 (10/02)