

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000065601**1. Entity Name  
SOAPART, INC.

## Principal Place of Business

6405 CONGRESS AVE., #160

BOCA RATON

FL

33487

## Mailing Address

6405 CONGRESS AVE., #160

BOCA RATON

FL

33487

## 2. Principal Place of Business

6401 CONGRESS AVE.

## 3. Mailing Address

6401 CONGRESS AVE.

Suite, Apt. #, etc.

SUITE 175

Suite, Apt. #, etc.

SUITE 175

## City &amp; State

BOCA RATON

FL

## City &amp; State

BOCA RATON

FL

Zip

33487

Country

Zip

33487

Country

## 4. FEI Number

65-0771153

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

STOLL JOANNE F  
6405 CONGRESS AVE., #160

BOCA RATON

FL

33487

## 7. Name and Address of New Registered Agent

Name

STOLL JOANNE F

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

6401 CONGRESS AVE.

SUITE 175

City

BOCA RATON

FL

Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

04/05/2001

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

TITLE P ☐ Delete  
NAME STOLL JOANNE F  
STREET ADDRESS 5692 C FOX HOLLOW DR  
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE F. STOLL

P

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)