

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

FILED
JUN 03 2003
TALLAHASSEE, FLORIDA
05-08-2003 90174-0145**150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072059
1. Entity Name
SOKOTECH, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 19501 BISCAYNE BLVD. 19501 BISCAYNE BLVD. Suite, Apt. #, etc. 1715 | | 3. Mailing Address 19501 BISCAYNE BLVD. 19501 BISCAYNE BLVD. Suite, Apt. #, etc. 1715 | |
| City & State AVENTURA, FL | | City & State AVENTURA, FL | |
| Zip 33180 | Country USA | Zip 33180 | Country USA |

4. FEI Number 65-0789030
Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Kenneth Sokolow
Street Address (P.O. Box Number is Not Acceptable) 19501 BISCAYNE BLVD. #1715
City Aventura, FL **FL** **Zip Code** 33180

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

| | | | |
|---|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOKOLOW, KENNETH P. 19501 BISCAYNE BLVD. STE. 1715 AVENTURA, FL 33180 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth P. Sokolow **4/29/03**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing) **DATE**

CR2E0348 (12/02)