2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000013717

1. Entity Name



02-13-2003 90257 031 ***150.00 SOCA GO-GO, INC. Mailing Address Principal Place of Business LUUZUJDJ P.O. BOX 547 1737 NW 18TH ST FORT LAUDERDALE FL 33302 FORT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0813175 Not Applicable \$8.75 Additional Country Zin Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1737 NW 18TH ST FORT LAUDERDALE FL 33311 Zip Code City 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. SIGNA TRE Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE ☐ Delete **PSD** TITLE NAME FRANCIS, GEORGE NAME STREET ADDRESS 1737 NW 18TH ST STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 of Supplementar Jeport 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 legal effect of the corporation of the legal effect changed, or on an attack

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- RANC 13

FILED

Feb 13, 2003 8:00 am

Secretary of State

CR2E034 (10/02)