

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90178 018 \*\*\*150.00

**DOCUMENT # P98000018365**

1. Entity Name  
**SOBOMAC CO.**

Principal Place of Business  
**1445 31 ST SW  
 NAPLES FL 34117**

Mailing Address  
**1445 31 ST SW  
 NAPLES FL 34117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0816024**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**PEREZ, OLYMPIA  
 12803 SW 45 TERRACE  
 MIAMI FL 33175**

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.

SIGNATURE *Olympia Perez*  
 Signature, typed or printed name of registered agent and title if applicable.

*Cherie Perez*  
 (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) **NOT DOING BUSINESS**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, OLYMPIA</b>	
STREET ADDRESS	<b>12803 SW 45 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cherie Perez* *Olympia Perez* 5-8-01 941-269-7741  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

5-8-83  
Attachment  
Office 80000832  
A 107233

To Division of Corporations:

PLEASE: Due to the fact that  
I have been away out of state  
my mail has been all delayed  
because of forwarding address -  
So all of my mail has gotten to  
me very late.

That is the reason my application  
is a bit tardy. Please understand  
I have absolutely no control over  
the post office delays or forwarding  
mail.

Thank you

Oliver - Schomse Corp.

\* THAT you were still accepting the  
the \$150<sup>00</sup> instead of \$150 fee  
(OVERNIGHT)

My mail was fwd  
back of forth to  
11 ALPINE Rd - Comm.  
TO 1445 31st Naples FLA

I spoke to  
your dept this  
A.M. and was  
told to just go  
ahead and mail