

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90001 018 ***150.00

DOCUMENT # P98000031456

1. Entity Name

SOR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10609 NW 49th Court
Coral Springs, FL 33076

10609 NW 49th Court
Coral Springs, FL 33076

657455

2. Principal Place of Business

265 S. Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

265 S. Federal Highway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dania, FL

City & State

Dania, FL

4. FEI Number

65-0844501

Applied For

Not Applicable

Zip

33004

Country

Zip

33004

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Grand, Mark S., Esq.
3440 Hollywood Blvd
Suite 450
Hollywood, FL 33021

7. Name and Address of New Registered Agent

Name

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

City

Hollywood

FL

Zip Code
33021

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Ramsay, Theresa
10609 NW 49th Court
Coral Springs, FL 33076

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(34) (9/11)