

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068741

1. Entity Name
SOBRENITY, INC.

Principal Place of Business
925 INTRACOASTAL DRIVE
FT. LAUDERDALE FL 33304

Mailing Address
925 INTRACOASTAL DRIVE
FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0865882

Applied For

Not Applicable

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

UZZO, BRIAN A
3305 CHICKA LANE PO BOX 970752
MARGATE FL 33063 Boca Raton FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 D ☐ Delete
NAME UZZO, ROBERT W
STREET ADDRESS 10883 GANTRY STREET PO BOX 970752
CITY-ST-ZIP BOCA RATON FL 33428 33497

TITLE P ☐ Delete
NAME UZZO, BRIAN A
STREET ADDRESS 3305 CHICKA LANE PO BOX 970752
CITY-ST-ZIP MARGATE FL 33063 Boca Raton FL 33497

TITLE D ☐ Delete
NAME UZZO, ROBERT W
STREET ADDRESS 10883 GANTRY STREET
CITY-ST-ZIP BOCA RATON FL 33428

TITLE P ☐ Delete
NAME UZZO, BRIAN A
STREET ADDRESS 10883 GANTRY STREET
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-12-2002 90280 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)