

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90013 050 ***150.00

DOCUMENT # P98000075046

1. Entity Name
SOGE FINANCIAL SERVICES, INC.

Principal Place of Business

2655 LE JEUNE RD.
STE 503
CORAL GABLES FL 33146

Mailing Address

1201 MANATI AVENUE
CORAL GABLES FL 33146

2. Principal Place of Business

14546 W. DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

14546 W. DIXIE HWY
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number 65-0864337

Applied For
Not Applicable

Zip

33161

Country

MIAMI-DADE

Zip

33161

Country

MIAMI-DADE

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name DIRK DE GROEN
Street Address (P.O. Box Number is Not Acceptable)
14546 W. DIXIE HWY
City MIAMI FL Zip 33161

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

DIRK DE GROEN, PRESIDENT

01/10/01

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, 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DEGROEN, DIRK	
STREET ADDRESS	1201 MANATI AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSCOSO, GERARED	
STREET ADDRESS	SOGEBANK BLDG., 5TH FLR.	
CITY-ST-ZIP	AUTOROUTE DELMAS HAITI	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, RALPH	
STREET ADDRESS	SOGEBANK BLDG.	
CITY-ST-ZIP	PORT-AU-PRINCE HAITI	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVIERE, GUY	
STREET ADDRESS	SOGEBANK BLDG., AUTOROUTE DELMAS	
CITY-ST-ZIP	PORT-AU-PRINCE HAITI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 attached report with an address, with all other like empowered.

SIGNATURE:

DIRK DE GROEN, President

01/10/01

305 956 3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)