

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000091164**

1. Entity Name

SONORIT, Inc.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90083 024 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

20566 SW 2nd ST

3. Mailing Address

20566 SW 2nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

63-0873047

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

Name

Andrew R. Merwin

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

1601 N. Palm Ave #203

City

Pembroke Pines

FL

Zip Code

33026

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

Andrew R. Merwin

Andrew R. Merwin

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/Off	<input type="checkbox"/> Delete
NAME	JACQUES URUTIA	
STREET ADDRESS	20566 SW 2nd ST	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DAVID URUTIA	
STREET ADDRESS	20566 SW 2nd ST	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	THESIA	<input type="checkbox"/> Delete
NAME	MOKITA URUTIA	
STREET ADDRESS	20566 SW 2nd ST	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
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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:

JACQUES URUTIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

954-447-9306

Daytime Phone #

CR2E034 (9/99)