

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90019 005 ***150.00

DOCUMENT # P98000091164

1. Entity Name

SONORENT, INC.

Principal Place of Business

20566 SW 2ND ST
HOLLYWOOD FL 33029

Mailing Address

20566 SW 2ND ST
HOLLYWOOD FL 33029

908846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

4. FEI Number

65-0873047

Applied For

Not Applicable

Zip

33029

Country

Zip

33029

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

MEDVS, ANDREW R
1601 N. PALM AVE 303
TAMPA FL 33626

Name

ANDREW R. MEDVIN

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

1601 N. PALM AVE # 303

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 Medvin* ANDREW MEDVIN

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	URRUTIA, JACQUES E	
STREET ADDRESS	343 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	URRUTIA, DAVID C	
STREET ADDRESS	343 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	URRUTIA, MORITA C	
STREET ADDRESS	343 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URRUTIA, JACQUES E	
STREET ADDRESS	20566 SW 2ND STREET	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URRUTIA, DAVID C	
STREET ADDRESS	343 ALMERIA AVE	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URRUTIA, MORITA C	
STREET ADDRESS	20566 SW 2ND STREET	
CITY-ST-ZIP	Pembroke Pines FL 33029	
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES URRUTIA

1/20/01

Date

954 442 9306

Daytime Phone #

CR2E034 (10/00)