

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90140 014 \*\*\*150.00

**DOCUMENT # P98000091164****1. Entity Name**  
**SONORENT, INC.****Principal Place of Business**  
**20566 SW 2ND ST**  
**PEMBROKE PINES FL 33029****Mailing Address**  
**20566 SW 2ND ST**  
**PEMBROKE PINES FL 33029****2. Principal Place of Business****3. Mailing Address****P.O. box 297468**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

**Pembroke Pines FL****4. FEI Number****65-0873047**

Applied For

Not Applicable

Zip

Country

Zip

**33029**

Country

**US****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****MEDVIN, ANDREW R****1601 N. PALM AVE 303****PEMBROKE PINES FL 33026**

Name

**MEDVIN ANDREW R**

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

**6330 SW 41 CT**

City

**DAVIE****FL**

Zip Code

**33314****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**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/7/02**  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☐ Delete  
NAME **URRUTIA, JACQUES E**  
STREET ADDRESS **20566 SW 2ND ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **URRUTIA, DAVID C**  
STREET ADDRESS **20566 SW 2ND ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **URRUTIA, MORITA C**  
STREET ADDRESS **20566 SW 2ND ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME **URRUTIA Maurice**  
STREET ADDRESS **20566 SW 2ND ST**  
CITY-ST-ZIP **Pembroke Pines FL 33029**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **JACQUES URRUTIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/08/02 354 447 3306**

Date

Daytime Phone #