

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094118

1. Entity Name

SOVIAL, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90148 016 \*\*\*150.00

Principal Place of Business

8390 NW 53RD ST. STE 220  
 MIAMI FL 33166

Mailing Address

8390 NW 53RD ST. STE 220  
 MIAMI FL 33166-4684

2. Principal Place of Business

7370 N.W 36 St

3. Mailing Address

7370 N.W 36 St

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

125

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0873504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MALKUN, LUIS F  
 8390 NW 53RD ST, STE 220  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

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, 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

TITLE PD ☐ Delete  
 NAME BOTERO, LUIS FERNANDO  
 STREET ADDRESS 8390 NW 53RD ST, STE 220  
 CITY-ST-ZIP MIAMI FL 33166

TITLE TD ☐ Delete  
 NAME BOTERO, JENNY  
 STREET ADDRESS 3302 NE 166TH STREET  
 CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE SD ☐ Delete  
 NAME ANSOURIAN, GRACE  
 STREET ADDRESS 8390 NW 53RD STREET #220  
 CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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 STREET ADDRESS  
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 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 another name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00

Date

Daytime Phone #

CR2E034 (9/99)