

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90922 008 ***150.00

757843



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000098991

1. Entity Name
SOFACT, INC.

Principal Place of Business: **1847 SE PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34952**

Mailing Address: **P O BOX 6089
 PORT ST. LUCIE FL 34985**

2. Principal Place of Business: **522 SW PORT ST LUCIE BLVD**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **PORT ST LUCIE, FL 34953**

City & State: Suite, Apt. #, etc.

City & State: **PORT ST LUCIE, FL 34953**

City & State: Suite, Apt. #, etc.

4. FEI Number: **65-0878602**

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	
QUBAIN, BASIL S 1847 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	D QUBAIN, BASIL S 1847 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUBAIN, BASIL S 522 SW PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Basil Qubain Dir* Date: 04/20/01 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)