

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90039 042 ***158.75

DOCUMENT # P99000001926

1. Entity Name
SOJO REAL ESTATE INVESTMENT GROUP INC.

Principal Place of Business Mailing Address
 10121 JEPSON ST. 10121 JEPSON ST.
 ORLANDO FL 32825 ORLANDO FL 32825-6695

2. Principal Place of Business 3. Mailing Address
10077 CHESHUNT DR. 10077 CHESHUNT DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FLA. ORLANDO, FLA.
 Zip Country Zip Country
32817 U.S.A. 32817 U.S.A.

4. FEI Number ☒ Applied For
59-3551698 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

SOJO, ROBERT
10121 JEPSON ST.
ORLANDO FL 32825

Name **ROBERT SOJO**
 Street Address (P.O. Box Number is Not Acceptable)
10077 CHESHUNT DR.
 City **ORLANDO** **FL** Zip Code **32817**

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 *Robert Sojo* **2/8/2000**
 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	D	<input type="checkbox"/> Delete
NAME	SOJO, ROBERT	
STREET ADDRESS	10121 JEPSON ST.	
CITY-ST-ZIP	ORLANDO FL 32825	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SOJO, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10077 CHESHUNT DR.	
STREET ADDRESS	ORLANDO, FLA. 32817	
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		
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: *Robert Sojo* **2/8/2000** **407-657-5526**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)