2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P9900004656 **DOCUMENT #**

1. Entity Name SOTO ADVERTISING, INC.



Principal Place of Business 2151 S. LEJEUNE ROAD

Mailing Address 2151 S. LEJEUNE ROAD

SUITE 310 CORAL GABLES FL 30	1134	SUITE 310 CORAL GABLES FL 33134						
2. Principal Place of	Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip Country						
6. N	ame and Address of Curre	nt Registered Agent						
		Name	е					

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90851 016 ***150.00

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CORAL GABLES FL 33134		CORA	CORAL GABLES FL 33134			ĺ						
2. Principal Place of Business		3. Mai	3. Mailing Address			$\overline{}$						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State				naa Man/40				applied For lot Applicable	
Zip	Country		Zip	Zip Coun		ry	5.<		ificate of Status Desired	I	\$8.75 Ac Fee Requir	ditional
	6. Name	and Address of Curr	ent Registere	ered Agent				7. Name and Address of New Registered Agent				
SOTO, OSVALDO N ESQ.					Name							
2151 S. LEJEUNE ROAD				Street Address			ress (P.	(P.O. Box Number is Not Acceptable)				
SUITE 31					ŀ					-		_
CORAL GABLES FL 33134				_		City			·	F	■ Zip Coo	 de
8. The above	named entity	/ submits this stateme	nt for the ourne	nee of changing its	ragietera	d office or re-	aintara	d 00000	or both, in the State of I	-	-	
the obliga	tions of regist	ered agent.	ne for the purpe	ose or changing its	registere	a onice or re	Gistered	u ageni, i	or both, in the State of I	-iorida. I an	n tamiliar with	, and accept
SIGNATURE												
- SIGNATURE		or printed name of registered a	gent and title if appli	icable. (NOTI	É: Registered	Agent signature re	equired w	hen reinstatii	ing)	DATE		
	ILE NOW!!	! FÉE IS \$150.00										
After May 1, 2003 Fee will be \$550.00				•		9	Election Campaign F Trust Fund Contribut		\$5.0 □ Adde	00 May Be d to Fees		
Make Check Payable to Florida Department of State								irasti una continuat	IOH,	⊔ Adde	d to Fees	
10.	To	OFFICERS A	ND DIRECTOR	RS:	11.			ADDITIO	ONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
TITLE	D SOTO OS	VALDO N ESQ.		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	2151 S LF	JEUNE ROAD			NAME							
CITY-ST-ZIP	CORAL GA	BLES FL 33134	•		CITY-S	T ADDRESS ST-ZIP						
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NAME				L3 00,000	NAME						Change	Addition
STREET ADDRESS				STRE		TADORESS						Í
CITY-ST-ZIP					CITY-S	ST-ZIP					·	
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NAME					NAME						Snunge	
STREET ADDRESS CITY-ST-ZIP						ADDRESS						
UTT-ST-ZIF I					CITY C	ו מולד						i

12. I hereby certify that the information supplied with this filling 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 enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #