

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015254

1. Entity Name

SOFLA COMPRA, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90094 050 \*\*\*550.00

Principal Place of Business

2511 PONCE DE LEON BLVD., SUITE 205  
 CORAL GABLES FL 33134

Mailing Address

2511 PONCE DE LEON BLVD., SUITE 205  
 CORAL GABLES FL 33134

2. Principal Place of Business

318 INDIAN TRACE

Suite, Apt. #, etc.

#110

3. Mailing Address

318 INDIAN TRACE

Suite, Apt. #, etc.

#110

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0901972

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

REISMAN, JEROME S  
 2511 PONCE DE LEON BLVD., SUITE 205  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

FRANK GRANIT

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

4284 DIAMOND TERRACE

City

WESTON

FL

Zip Code

33331

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 REISMAN, STUART R  
 STREET ADDRESS 2511 PONCE DE LEON BLVD., SUITE 205  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD ☐ Delete  
 NAME GRANIT, FRANK  
 STREET ADDRESS 2511 PONCE DE LEON BLVD., SUITE 205  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 all other the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)