

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000029351**

1. Entity Name

SOKKAI MOTORS, INC.**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90092 039 ***150.00

Principal Place of Business

Mailing Address

777 N.W. 28 STREET
MIAMI FL 33127**777 N.W. 28 STREET**
MIAMI FL 33127-4043

2. Principal Place of Business

3. Mailing Address

653 NW 28 ST **653 NW 28 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL

4. FEI Number

☒ Applied For
☐ Not ApplicableZip
33127Country
USAZip
33127Country
USA5. 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

TELLO, MIGUEL
777 N.W. 28 STREET
MIAMI FL 33127Name **TELLO, MIGUEL**
Street Address (P.O. Box Number is Not Acceptable)
653 NW 28 ST
City **MIAMI** FL Zip Code **33127**

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 **MIGUEL TELLO** 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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** ☐ Delete
NAME **TELLO, MIGUEL**
STREET ADDRESS **777 N.W. 28 STREET**
CITY-ST-ZIP **MIAMI FL 33127**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **653 NW 28 ST**
CITY-ST-ZIP **MIAMI FL 33127**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE: **MIGUEL TELLO** 4/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)