

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034730

1. Entity Name
SORENSEN MANAGEMENT, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90055 034 ***150.00

Principal Place of Business
2192 IMPERIAL POINT DR
FT. LAUDERDALE FL 33308

Mailing Address
2192 IMPERIAL POINT DR
FT. LAUDERDALE FL 33308

2. Principal Place of Business
2800 West Stonebrook Circle
Suite, Apt. #, etc.

3. Mailing Address
2800 West Stonebrook Circle
Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number 65-0913129

Applied For
Not Applicable

Zip
33330

Country
USA

Zip
33330

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
TWO SOUTH BISCAYNE BLVD.
SUITE 3550
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name David Sorensen
Street Address (P.O. Box Number is Not Acceptable)
2800 West Stonebrook Circle
City Davie FL Zip Code 33330

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 \$150.00
After May 1, 2002 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

TITLE D
NAME SORENSEN, DAVID
STREET ADDRESS 2192 IMPERIAL POINT DR
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2800 West Stonebrook Circle
CITY-ST-ZIP Davie, FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Sorensen

3/15/02

954-450-5673

CR2E034 (9/01)