

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000057648**

1. Entity Name

SOBE DEVELOPMENT CORPORATION**FILED****Feb 12, 2001 8:00 am**
Secretary of State

02-12-2001 90220 034 ***150.00

Principal Place of Business

Mailing Address

**7800 W. OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351****7800 W. OAKLAND PARK BLVD
BLDG G
SUNRISE FL 33351****C0020016**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0935236**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRAULT, MICHAEL CPA
7800 W OAKLAND PARK BLVD. BLDG. "G"
SUNRISE FL 33351**

Name

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

City

FL

Zip Code

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|---------------------------------|------------------|---------------------------------|
| P | LATTES, JEAN CLAUDE | 7800 W OAKLAND PARK BLVD BLDG G | SUNRISE FL 33351 | <input type="checkbox"/> |
| VP | AURRAN, ANNE MARIE | 7800 W OAKLAND PARK BLVD BLDG G | SUNRISE FL 33351 | <input type="checkbox"/> |
| ST | PIGEON, ROMAIN | 7800 W OAKLAND PARK BLVD BLDG G | SUNRISE FL 33351 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

JEAN CLAUDE LATTES 1/24/2001

Date

954-749-8802

Daytime Phone #

2/7/2001

CR2E034 (10/00)