

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093194

1. Entity Name

4103 SO. ORLANDO DRIVE CORP.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90086 040 \*\*\*150.00

Principal Place of Business

2503 S.W. 27TH AVENUE  
MIAMI FL 33133

Mailing Address

2503 S.W. 27TH AVENUE  
MIAMI FL 33133-2119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOSTCHIN, GUILLERMO  
2503 S.W. 27TH AVENUE  
MIAMI FL 33133

7. Name and Address of New Registered Agent

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, 2000 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	DI President	<input type="checkbox"/> Delete
NAME	SOSTCHIN, GUILLERMO	
STREET ADDRESS	2503 S.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	DAVIDE STONE	
STREET ADDRESS	12555 Biscayne Blvd Ste 222	
CITY-ST-ZIP	N Miami, FL 33181	
TITLE	DI Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	Lisa B. Stone	
STREET ADDRESS	2956 Birkdale Avenue	
CITY-ST-ZIP	Weston, Florida 33332	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 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

1/12/00 (305) 854 7177  
Date Daytime Phone #