

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **541249**

1. Entity Name

SOFIA CORP



FILED

03 FEB 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7283 TONGA CT
Suite, Apt. #, etc.

3. Mailing Address

7283 TONGA CT
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

FL

Zip

33437

Country

U.S.A

Zip

33437

Country

U.S.A

4. FEI Number

65-0255083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sophia Tesse

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

7283 TONGA CT

Boynton Beach, FL

City

FL

Zip Code

33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TESSE Sophia
7283 TONGA CT
Boynton Beach, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DIANA Grabosky
2857 LENOX ST
TOMES RIVER, AL 36755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sophia Tesse**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cell 561-712-8399
2-15-03 561-737-5118
Date Daytime Phone #

CR2E034B (12/02)