## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 08:00 AM S65472 DOCUMENT # 1. Entity Name **Secretary of State** SONIAS PATTIES INCORPORATED Principal Place of Business Mailing Address 10852 SW 104 ST 10852 SW 104 ST MIAMI FLMIAMI FL 33176 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0574139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEE KEOW, KENNETH 10852 SW 104 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33176 US 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. 03/19/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 10 \$100.00\_\_\_\_\_\_\_\_After MAY 1, 2001 Fee will be \$550.00.\_\_\_\_\_ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) YEE KEOW, SONIA MARIE MAME NAME 16510 SW 84TH AVE STREET ADDRESS STREET ADDRESS FL 33157 CITY-ST-ZIP MIAMI CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME YEE KEOW, KENNETH NAME STREET ADDRESS 16510 SW 84TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_Kenneth Yee Keow 03/19/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #