

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88067

1. Entity Name

SOROLLA CORP.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90024 026 ***150.00

Principal Place of Business

Mailing Address

2100 PARK CENTRAL BLVD
STE 900
POMPANO BCH FL 33064

2100 PARK CENTRAL BLVD
STE 900
POMPANO BCH FL 33064-2242

2. Principal Place of Business

3. Mailing Address

2875 NE 191 ST

2875 NE 191 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 1

PH 1

City & State

City & State

AVENTURA

AVENTURA

Zip

Country

Zip

Country

FL

33180

FL

33180



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0296652

Applied For

Not Applicable

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

THEODORE J KLEIN
88 NE 168 ST
N. MIAMI BEACH FL 33162

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SREDNI, ERWIN	
STREET ADDRESS	2875 NE 191 ST PH-1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROD, CAREN	
STREET ADDRESS	1039 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000

Date

305741245

Daytime Phone #