

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90035 033 ***150.00

0134016

DOCUMENT # V47922

1. Entity Name

SOCHIA'S SAILING ENTERPRISES, INC.

Principal Place of Business

**3700 GALT OCEAN DR
APT. 1201
FT. LAUDERDALE FL 33308**

Mailing Address

**541 S. STATE ROAD 7
STE 1
MARGATE FL 33068**

2. Principal Place of Business

4633 BOUGINVILLA DR

Suite, Apt. #, etc.

#5

3. Mailing Address

4633 BOUGINVILLA DR

Suite, Apt. #, etc.

#5

City & State

FT LAUD FL

Zip

33308

Country

City & State

FT LAUD FL

Zip

33308

Country

4. FEI Number

65-0344805

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SOCHIA, MICHAEL
4633 BOUGINVILLA DR #5
FORT LAUDERDALE FL 33308****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, 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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	SOCHIA, MICHAEL			
	3700 GALT OCEAN DR #1201			
	FT. LAUDERDALE FL			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (10/00)