

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104108

1. Entity Name

SOCALMUR, INC.

APPROVED
AND
FILED

00 NOV 20 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business *THIS IS FIRST ADDRESS THAT IS OK TO D.*
9538 PARKVIEW AVENUE
HAUSE COMMUNITY
BOCA RATON FL 33428

Mailing Address
5440 WEST 21 CT
APT 306
MIAMI FL 33016-2061

2. Principal Place of Business *9145 BRUNDELOW RD. GEORGIA IN MIAMI FLORIDA*
~~9145 BRUNDELOW RD.~~
Suite, Apt. #, etc. *MIAMI FLORIDA*
9145 BRUNDELOW RD.

Mailing Address
5440 WEST 21 CT-306 APT
306 apt.

City & State *Alpharetta GA* City & State *MIAMI FLORIDA* 4. FEI Number *22-3626076* Applied For Not Applicable

Zip *30022* Country *USA* Zip *33016* Country *USA* 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MURICA, ROSAURA AMALIA
9538 PARKVIEW AVENUE
BOCA RATON FL 33428

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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MURCIA, ROSURA AMALIA 9538 PARKVIEW AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MURCIA, SOCORRO E 9538 PARKVIEW AVENUE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, NEUARDO M CALLE CONSEJO 4 2B ESPANA EU <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Rosaura Amalia Murcia* Date: *April 15/00* Daytime Phone #: *678-9986762*

CR2E034 (9/99)

DO TO ADDRESS CHANGE

THIS DOCUMENT WAS NOT RECEIVED
UNTIL OCTOBER 27/2000

I WAS NOT AWARE THERE WAS
A PROBLEM WITH CORPORATE
FILING OR THE CHECK

I WAS NOT NOTIFIED AT MY
PRINCIPAL PLACE OF BUSINESS OF
ANY PROBLEM OR MAILING ADDRESS

I CALL TWO WEEKS AGO TO TRY
TO CORRECT THIS SITUATION AND WAS
ASKED TO SUBMIT A BREF EXPLANATION
I DROVE HERE TO PERSONALLY ADDRESS
THE MATTER AND I'M REQUESTING THAT
IF POSSIBLE THE LATE FEES BE
WAIVED

THANK YOU FOR YOUR HELP
ROSaura Anstia Murcia
SOLAKIA INC.