

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0002060

DOCUMENT # P98000104108

1. Entity Name

SOCALMUR, INC.

03-20-2001 90011 029 ***150.00

Principal Place of Business

Mailing Address

9145 BRUMBELOW RD.
 ALPHARETTA GA 30022

5440 WEST 21 CT
 306 APT
 MIAMI FL 33016

THE TWO ADDRESS IS OK
 THIS OR THIS

00030000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5440 WEST 21 CT
 ALPHARETTA GA 30022

5440 WEST 21 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306 APT

306 APT

City & State

City & State

MIAMI FL 33016

MIAMI FL 33016

4. FEI Number

22-3626076

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

MURICA, ROSAURA AMALIA
 9538 PARKVIEW AVENUE
 BOCA RATON FL 33428

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

Rosaura Amalia Murcia Rosaura Amalia Murcia

March 15 DE 2001

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 requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD
 NAME: MURCIA, ROSURA AMALIA
 STREET ADDRESS: 9538 PARKVIEW AVENUE
 CITY-ST-ZIP: BOCA RATON FL 33428 Delete

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VTD
 NAME: MURCIA, SOCORRO E
 STREET ADDRESS: 9538 PARKVIEW AVENUE
 CITY-ST-ZIP: BOCA RATON FL 33428 Delete

TITLE: Change Addition
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 CITY-ST-ZIP: _____

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TITLE: Change 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 all other like empowered.

SIGNATURE:

Rosaura Amalia Murcia Rosaura Amalia Murcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 15 DE 2001

CR2F-034 (10/00)