2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000043872

HAMMAN, HENRY L

MIAMI, FL

7260 S.W. 34TH STREET ROAD

Name:

Address:

City-St-Zip:

Entity Name: SOCIOCYBERNETICS, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SOCIOCYBERNETICS, INC. STE B, 4143 SW 74TH CT MIAMI, FL 33155				SOCIOCYBERNETICS, INC. 4702 SW 74TH AVE., STE 101 MIAMI, FL 33155		
Current Mailing Address:				New Mailing Address:		
7260 S.W. 34TH ST. RD. MIAMI, FL 33155			STE 101	7260 S.W. 34TH ST. RD. STE 101 MIAMI, FL 33155		
FEI Number:	65-0423061	FEI Number Applied For ()	FEI Number Not App	olicable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NATIONSCORP REGISTERED AGENTS INC. 526 E PARK AVENUE SUITE 200 TALLAHASSEE, FL 32301 US				BARTOLUS P.L. 1351 N GADSDEN STREET TALLAHASSEE, FL 32303 US		
The above in the State		ubmits this statement for the pu	rpose of changing	its registered offic	e or registered agent, or both,	
SIGNATURE: MARK E. KRUSE				04/30/2002		
Electronic Signature of Registered Agent				Date		
•	-	satisfy its Intangible Tax filing requi	rement and elects to	do so (X).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHM () HOWARD, BERI 7320 MILLER D MIAMI, FL		Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	D () HOLLER, GEOR 9910 REARN RI SAN DIEGO, CA	D, APT 137	Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	DS () KUNCE, HENRY 5025 S.W. 74TH MIAMI, FL		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	
Title:	PD ()	Delete	Title:	() Ch	nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HENRY L. HAMMAN PD 04/30/2002