

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90160 040 ***150.00

DOCUMENT # P97000014868

1. Entity Name
SOAMPYRAMIDE, INC.

Principal Place of Business

**7140 NW 75 ST
 PARKLAND FL 33067**

Mailing Address

**7140 NW 75TH ST
 PARKLAND FL 33067
 US**

2. Principal Place of Business

7140 NW 75 ST
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. **Same**

City & State

PARKLAND FL

City & State

PARKLAND FL

4. FEI Number

65-0734376

Applied For

☒ Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COTZIN, MARIA E
 7140 NW 75 ST
 PARKLAND FL 33067**

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **COTZIN, MARIA E**
 CITY-ST-ZIP **7140 NW 75 ST
 PARKLAND FL 33067**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **METICA, CECILIA**
 CITY-ST-ZIP **11842 NW 53RD COURT
 CORAL SPRINGS FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Maria E Cotzin**
 CITY-ST-ZIP **7140 NW 75 ST. PARKLAND FL**

TITLE ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **CECILIA METICA**
 CITY-ST-ZIP **11842 NW 53 CT
 Coral Springs 33076**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)