

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**

DO NOT WRITE IN THIS SPACE

City & State
PARKLAND FL

City & State

4. FEI Number **65-0734376** Applied For Not Applicable

Zip **33067** Country **USA**

Zip Country

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 **None**
 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]* DATE **3/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	P <input type="checkbox"/> Delete
NAME	COTZIN, MARIA E
STREET ADDRESS	7140 NW 75 ST
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	METICA, CECILIA
STREET ADDRESS	11842 NW 53RD COURT
CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria E Cotzin
STREET ADDRESS	7140 NW 75 ST. PARKLAND FL
CITY-ST-ZIP	
TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECILIA METICA <i>Not with entry</i>
STREET ADDRESS	11842 NW 53 Ct
CITY-ST-ZIP	CORAL SPRINGS 33076
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE **3/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)