

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027241

1. Entity Name
CLEOPATRA CARAMICA, INC.

Principal Place of Business
6623 THOROUGHbred LOOP
ODESSA FL 33556

Mailing Address
6623 THOROUGHbred LOOP
ODESSA FL 33556



FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90013 046 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3493888	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANKARIOUS, WADIE 6623 THOROUGHbred LOOP ODESSA FL 33556		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 registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANKARIOUS, WADIE 6623 THOROUGHbred LOOP ODESSA FL 33556 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

M WADIE E. MANKARIOUS
814 N. LORRI AVE.
LAKELAND, FL 33815

P98000027241
59-3493888

408

Date 4/2/01

63-27/631 FL 1015

Pay to the Order of

\$150.00

One hundred and fifty 00/100 Dollars

NationsBank

NationsBank, N.A.

ACH R/T 063100277

For 2001 Uniform Business Report

0063100277 001408932564 0408

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 complete empow...

SIGNATURE: *W. E. Mankarios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0336112

CR27034 (10/00)

Attachment # P98000027241
773654

CLEOPATRA CARAMICA, INC.
6623 THOROUGHBRED LOOP
ODESSA, FL 33556

Document # p98000027241
FEI 59-3493888

Florida Department of State
Division of Corporations

Dear Sir,

In regards to 2001 Uniform Business Report, please be advised that we filed the report and attached a check for \$150 on 4/2/2001 (copy attached), but the Department advised us that they returned the check because we overlooked writing to whom it should be paid.

Enclosed please find a replacement for check # 408, please reinstate the corporation and waive any penalty because we never received that check back.

We apologize for any inconvenience and thank you for your cooperation.

W. E. Mankarion