

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # P99000028380

1. Entity Name

SOMAR TRADING, INC.

Principal Place of Business

Mailing Address

7220 NORTHWEST 36TH STREET
SUITE 609
MIAMI FL 33166

7220 NORTHWEST 36TH STREET
SUITE 609
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

7220 N.W. 36th St.

7220 N.W. 36th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 609

Suite 609

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33166

33166

Country

Country

Dade

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Sonia Concha

Street Address (P.O. Box Number is Not Acceptable)

547 Bridgeton Rd.

City

Weston

FL

Zip Code

33326

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

Sonia Concha

Sonia Concha

Aug 20/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | PSTD | <input type="checkbox"/> Delete |
| NAME | CONCHA, SONIA | |
| STREET ADDRESS | 7220 NORTHWEST 36TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| 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 |
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| NAME | | |
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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Sonia Concha

8/20/00

305.6400727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
070900008380

SOMAR Trading, Inc.

309751

DATE: August 20, 2000

TO: DIVISION OF CORPORATIONS
ATTN: UNIFORM BUSINESS REPORT FILING

FROM: Sonia Concha
SOMAR Trading, Inc.

As per our phone conversation with one of your consultants, please be informed that we never received your original filing forms for the above corporation. We were instructed by your consultant to send this letter and \$ 150.00 fee. We are also including \$ 8.75 fee for the status report. Please make sure that the Suite #. on the address is changed accordingly. Sorry for the delay but it was not our fault.

Thanks

Sonia Concha
Sonia Concha
Pcte.

*any for information
enclosed missing
9.8.00*