

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90042 002 ***150.00

DOCUMENT # L42799
 1. Entity Name
ALLBIZ SOFTWARE CONSULTANTS, INC.

Principal Place of Business: **370 W. CAMINO GARDENS BLVD., STE 300 BOCA RATON FL 33432**
 Mailing Address: **34 CHESTNUT ST LODI NJ 07644-2111 US**

B0053099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1320 SW 20th ST**
 Suite, Apt. #, etc.
 City & State: **BOCA RATON, FL**
 Zip: **33486** Country: **USA**

3. Mailing Address: Suite, Apt. #, etc.
 City & State: **BOCA RATON, FL**
 Zip: **33486** Country: **USA**

4. FEI Number: **65-0162419**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **FOSS, JOHN P 1320 SW 20TH ST BOCA RATON FL 33486**

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/SD NAME: EDSON, ANNA STREET ADDRESS: 1320 SW 20TH STREET CITY-ST-ZIP: BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE: PSD NAME: _____ STREET ADDRESS: 34 CHESTNUT ST. CITY-ST-ZIP: LODI, NJ 07644	<input checked="" 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
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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: **Anna L. Edson** **PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/12/02** Daytime Phone #: **973-360-0750**
 X112

CR2E034 (9/01)