

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

0145040 AB

DOCUMENT # L42799

1. Entity Name
ALLBIZ SOFTWARE CONSULTANTS, INC.



07-09-2003 90142 002 ***550.00
07-09-2003 90142 001 *****8.75

Principal Place of Business
**1320 SW 20TH STREET
BOCA RATON FL 33486
US**

Mailing Address
**34 CHESTNUT ST
LODI NJ 07644-2111
US**

00000000



2. Principal Place of Business

3. Mailing Address
1320 SW 20th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number **65-0162419**

Applied For
Not Applicable

Zip

Country

Zip
33486

Country
USA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSS, JOHN P
1320 SW 20TH ST
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
EDSON, ANNA
34 CHESTNUT STREET
LODI NJ 07644** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~**FOSS, JOHN P.
1320 SW 20th ST
BOCA RATON, FL 33486**~~ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FOSS, JOHN P.
1320 SW 20th STREET
BOCA RATON, FL 33486** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
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CITY-ST-ZIP
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 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **President**

Date: **7-4-03** Daytime Phone #: **973-779-2023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)