## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # M60478** 1. Entity Name ON-Q SOFTWARE, INC. 04-11-2000 90013 008 \*\*\*150.00 Principal Place of Business Mailing Address 13861 S.W. 11 STREET 13861 S.W. 11 STREET MIAMI FL 33184-2744 MIAMI FL 33184 NUUUUWEU 2. Principal Place of Business 3. Mailing Address /35 60 34 // 37 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Marie Fl. City & State Applied For City & State 4. FEI Number 65-0008730 アクノショの Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAJIGAS, HERMENEGILDO JR. Street Address (P.O. Box Number is Not Acceptable) 13861 S.W. 11TH STREET MIAMI FL 33184 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 丛 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) PVSD TITLE ☐ Addition TITLE ☐ Delete CAJIGAS, TERESITA NAME MANAF 13861 SW 11 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP MIAMI FL Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: Daytime Phone #

13. I hereby certify that the information supplied with this filling 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.