

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90095 019 ***150.00

DOCUMENT # P00000111535

1. Entity Name
POWERSOFT TECHNOLOGIES, INC.



Principal Place of Business
**21342 SW 90TH COURT
MIAMI FL 33189**

Mailing Address
**21342 SW 90TH COURT
MIAMI FL 33189**



2. Principal Place of Business
9145 FOUNTAINEBLEAU BLVD

3. Mailing Address
9145 FOUNTAINEBLEAU BLVD

Suite, Apt. #, etc.
5

Suite, Apt. #, etc.
5

City & State
MIAMI FL 33172

City & State
MIAMI FL

4. FEI Number
65-1062364

Applied For
☐ Not Applicable

Zip
33172

Country
MIAMI DADE

Zip
33172

Country
MIAMI DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNIZ, EDUARDO R
21342 SW 90TH COURT
MIAMI FL 33189**

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 *Eduardo R Muniz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/05/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
**PTVD
MUNIZ, EDUARDO R
21342 SW 90TH COURT
MIAMI FL 33189** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTVA
MUNIZ EDUARDO R
9145 FOUNTAINEBLEAU BLVD
MIAMI FL 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Eduardo R Muniz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

Daytime Phone #

CR2E034 (10/02)