

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90051 027 \*\*\*150.00

**DOCUMENT # P97000054170**

1. Entity Name

**INBS SOFTWARE PRODUCTS, INC.**

Principal Place of Business

**11900 BISCAYNE BLVD STE 503  
 MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD STE 503  
 MIAMI FL 33181-2749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0766652**

Applied For

Not Applicable

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

**SMITH, LINDA M ESQ  
 11900 BISCAYNE BLVD SUITE 200  
 MIAMI FL 33181**

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.

SIGNATURE \_\_\_\_\_

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

(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, 2000 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 **PD**  Delete  
 NAME **KOCH, ROGER L**  
 STREET ADDRESS **2137 HIBISCUS CIRCLE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **TRIPODO, ANTHONY J**  
 STREET ADDRESS **1131 N.E. 97 STREET**  
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1225 NE 95 Street**  
 CITY-ST-ZIP **Miami, Fl 33138**

TITLE **D**  Delete  
 NAME **CHISHOLM, JOHN**  
 STREET ADDRESS **850 N.E. 123 STREET**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GLEITSMANN, ROBERT J**  
 STREET ADDRESS **1801 S. TREASURE DRIVE #302**  
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MOUSSA, GEORGE**  
 STREET ADDRESS **520 N W 60TH CT**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **13001 S. Calusa Club Drive**  
 CITY-ST-ZIP **Miami, Fl 33186**

TITLE **AS**  Delete  
 NAME **SMITH, ESQ LINDA M**  
 STREET ADDRESS **11900 BISCAYNE BLVD, STE 200**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE  Change  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: Roger L. Koch, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/20/00**  
 Date

**(305) 893-5997**  
 Daytime Phone #

CRP E034 (9/99)