

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90131 017 ***150.00

DOCUMENT # P98000088731

1. Entity Name
SOFT BYTE SYSTEMS INC.



Principal Place of Business
**6211 PEMBROKE ROAD
B
HOLLYWOOD FL 33023**

Mailing Address
**4288 SOUTH UNIVERSITY DR
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

6211 PEMBROKE RD B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State

City & State
HOLLYWOOD, FL

Zip

Country

Zip
33023

Country

BROWARD

4. FEI Number **65-0869469**

Applied For

Not Applicable

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

**IVERSON, DAVID
4699 SW 72ND AVE
MIAMI FL 33155**

Name **JOSE GUILARTE**

Street Address (P.O. Box Number is Not Acceptable)

1421 LEE ST.

City **HOLLYWOOD**

FL

Zip Code
33020

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

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

(NOTE: Registered Agent signature required when reinstating)

MAR 25/03

DATE

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 **P** ☐ Delete
NAME **GUILARTE, JOSE**
STREET ADDRESS **6211 PEMBROKE ROAD, SUITE B**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)