

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90034 038 ***150.00

DOCUMENT # 421966

1. Entity Name

SOFTWARELAND, INC.

Principal Place of Business

Mailing Address

~~BLUE ROAD~~
~~CORAL GABLES FL 33146~~

~~413 BLUE ROAD~~
~~#B1~~
~~CORAL GABLES FL 33146-2100~~
 US

Principal Place of Business

12501 N.W. 2 ST.

Suite, Apt. #, etc.

3. Mailing Address

12501 NW 2 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33182

Country

US

City & State

MIAMI, FL

Zip

33182

Country

US

4. FEI Number

59-1460949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CABANAS, ANA
~~413 BLUE ROAD~~
~~#B1~~
~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name

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

12501 NW 2 ST

City
MIAMI

FL

Zip Code

33182

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST
RIBAS, JORGE
505 NW 72ND AVE #100
MIAMI FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
505 NW 72 AVE #309
MIAMI, FL 33126

☒ Change

☐ Addition

PC
CABANAS, ANA
413 BLUE ROAD
CORAL GABLES FL 33146

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PC
12501 NW 2 ST.
MIAMI, FL 33182

☒ Change

☐ Addition

VD
ESTRAVIZ, ALBERTO
413 BLUE ROAD
CORAL GABLES FL 33146

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
12501 NW 2 ST
MIAMI, FL 33182

☒ Change

☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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: Ana Cabanas ANA CABANAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000 (305) 799-2111

Date

Daytime Phone #

CR2E034 (9/99)