

5/31/

FILED

Jun 26, 2001 8:00 am  
Secretary of State

05-31-2001 90004 011 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002072.

1. Entity Name

Premium SOFT, INC.

Principal Place of Business

Mailing Address

1155 S. Congress Ave  
Delray Beach, FL 33445

2. Principal Place of Business

1155 S. Congress Ave

Suite, Apt. #, etc.

Bay 9810

City &amp; State

Delray Beach, FL

Zip

33445

Country

Palm Beach

3. Mailing Address

P.O. BOX 2364

Suite, Apt. #, etc.

BOCA RATON

City &amp; State

Zip

FL

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3363996

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Dr. JOE P. KUMAR

7. Name and Address of New Registered Agent

Name: Dr. JOE P. KUMAR

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

2003 N. Ocean Blvd - Apt. 1402

City

BOCA RATON

FL

Zip Code

33431

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐FILE NOW!!!  
After MAY 1, 2001  
Fee will be \$550.00  
Make Check Payable  
to Department of StateFEE IS \$150.00  
Fee will be \$550.00  
to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	JOE P. KUMAR	
STREET ADDRESS	2003 N. Ocean Blvd.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Wayne Anderson	
STREET ADDRESS	5582 Bermuda Dunes Circle	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-265-2850

CR2E034 (11/00)

Attachment  
04/29/2001 02:07:22  
8849

TO: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

4/30/2001

Dear Ms. Harris:

We, at Premium Soft, have not received our  
2001 Uniform Business Report. We are  
mailing our Payment of \$150 today.  
Please mail us the report so that  
we can update this report.

Thanks for your help.

Sincerely,

J P Kumar

Premium Soft.

F96-2072