2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000002693 May 16, 2000 8:00 am Secretary of State SOFT SCIENCE LABS, INC. 05-16-2000 90151 018 ***150.00 Mailing Address Principal Place of Business ATTN: ZORRIK VOLDMAN, SOFT SCIENCE LABS ATTN: ZORRIK VOLDMAN, SOFT SCIENCE LABS 200 NE 20TH ST. #224E 200 NE 20TH ST. #224E **BOCA RATON FL 33431-8034 BOCA RATON FL 33431** Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2089184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE, SUITE 900 **MIAMI FL 33131** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Zornik Voldman ☐ Delete TITLE TITLE PAR 389 1730 S. Federal Hry Delray FL 3348 VOLDMAN, ZORRIK NAME STREET ADDRESS STREET ADDRESS 200 NE 20TH ST. #224E CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poort 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 er

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR