

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90086 036 ***150.00

DOCUMENT # F9800006655

1. Entity Name

Softtek Integration Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3350 SW 148th Ave

Suite, Apt. #, etc.

Suite 110

City & State

Miramar, FL

Zip

33027

Country

3. Mailing Address

3350 SW 148th Ave

Suite, Apt. #, etc.

Suite 110

City & State

Miramar, FL

Zip

33027

Country

4. FEI Number

91-1864740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marcos Jimenez

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

3350 SW 148th Ave

Suite 110

City Miramar

FL

Zip Code 33027

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME Jorge H. Best
STREET ADDRESS 2217 Ivan St., Apt 907
CITY - ST - ZIP Dallas, TX 75201

TITLE
NAME S Benningno Lopez
STREET ADDRESS 5002 Audley Lane
CITY - ST - ZIP Norcross, CA 30092

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #