## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # G22268** May 04, 2000 8:00 am Secretary of State 1. Entity Name SOFTRONIX, INC. 05-04-2000 90176 038 \*\*\*158.75 Principal Place of Business Mailing Address % JOSEPH B. RADZWILL % JOSEPH B. RADZWILL 10360 N.W. 41ST ST. 10360 N.W. 41ST ST. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-1544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2269196 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RADZWILL, JOSEPH B. Street Address (P.O. Box Number is Not Acceptable) 10360 N.W. 41ST ST. CORAL SPRINGS FL 33065 Zip Code 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. DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Change ☐ Defete TITLE NAME NAME RADZWILL, JOSEPH B. STREET ADDRESS STREET ADDRESS 10360 N.W. 41ST ST. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Change ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF DIRECTOR