

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90188 003 \*\*\*550.00

**DOCUMENT # G97656**

1. Entity Name

THOUGHTWARE, INC.

Principal Place of Business

200 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI FL 33131-2321  
US

Mailing Address

200 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI FL 33131-2321  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2323839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDT, WILLIAM A JR  
200 S. BISCAYNE BLVD.  
SUITE 900  
MIAMI FL 33131-2321

Name

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

City

**FL**

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.

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, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BRANDT, WILLIAM A.  
STREET ADDRESS 200 S. BISCAYNE BLVD, SUITE 900  
CITY-ST-ZIP MIAMI FL 33131-2321 ☐ Delete

TITLE VSD  
NAME CARUSO, FRED C.  
STREET ADDRESS 200 SO BISCAYNE BLVD. STE 900  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE VTD  
NAME LUZINSKI, JOSEPH J.  
STREET ADDRESS 200 SO BISCAYNE BLVD. STE 900  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME WHEELER, JOHN C.  
STREET ADDRESS 200 SO BISCAYNE BLV. STE 900  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD  
NAME Clare M. Pierce  
STREET ADDRESS 200 S. Biscayne Blvd. STE 900  
CITY-ST-ZIP Miami, FL 33131 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

7/9/02

305 374-2717

CR2E034 (9/01)