

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90190 030 \*\*\*150.00

**DOCUMENT # J96417**

1. Entity Name  
**CUSTOMWARE, INC.**

Principal Place of Business  
**3392 SW 51 STREET  
 FT. LAUDERDALE FL 33312-7919**

Mailing Address  
**3392 SW 51 STREET  
 FT. LAUDERDALE FL 33029-4304**

2. Principal Place of Business  
**5510 SW 25 AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5510 SW 25 AVENUE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FT. LAUDERDALE, FLORIDA**  
 Zip **33312** Country

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4. FEI Number **65-0009526**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MECHOULLAM, ELI  
 3392 SW 51 STREET  
 FT. LAUDERDALE FL 33312-7919**

**7. Name and Address of New Registered Agent**

Name **ELI MECHOULLAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5510 SW 25 AVENUE**  
 City **FORT LAUDERDALE FL** Zip Code **33312**

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 *Eli Mechoullam*

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, 2000 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MECHOULLAM, ELI	3392 SW 51 STREET	FT. LAUDERDALE FL 33312	<input type="checkbox"/>
VP	MECHOULLAM, ELI	1070 N.E. 210 TERRACE	MIAMI FL	<input type="checkbox"/>
ST	MECHOULLAM, ELI	1070 N.E. 210TH TERR	N MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	ELI MECHOULLAM	5510 SW 25 AVENUE	FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	ARIELLA MECHOULLAM	251-174 STREET SUITE#2102	MIAMI BEACH, FLORIDA 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	MIREILLE MECHOULLAM	251-174 STREET SUITE#2102	MIAMI BEACH, FLORIDA 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Eli Mechoullam* **ELI MECHOULLAM** 4-23-00 954-557-4177  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #