

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K32358**

1. Entity Name

**SOFTWARE BROKERS OF AMERICA, INC.****FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90059 027 \*\*\*150.00

Principal Place of Business

**2980 NW 108 AVE  
MIAMI FL 33172  
US**

Mailing Address

**2980 NW 108 AVE  
MIAMI FL 33172-2141  
US**

2. Principal Place of Business

**9835 NW 14 Street**

Suite, Apt. #, etc.

3. Mailing Address

**9835 NW 14 Street**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FLORIDA**

City &amp; State

**MIAMI, FLORIDA**

4. FEI Number

**65-0083438**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

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

6. Name and Address of Current Registered Agent

**SHALOM, ESTHER  
817 N.E. 26TH AVE.  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

**Esther Shalom**

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

**333 Golden Beach Drive**

City

**Golden Beach****FL**

Zip Code

**33160**

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

**ESTHER SHALOM - SECRETARY / TREASURER 4/3/2000**

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 ☐ Delete**PD  
SHALOM, ANTHONY  
817 N.E. 26TH AVE.  
HALLANDALE FL**TITLE ☒ Delete**VD  
SHALOM, MICHAEL  
817 N.E. 26TH AVE.  
HALLANDALE FL**TITLE ☐ Delete**STD  
SHALOM, ESTHER  
817 N.E. 26TH AVE.  
HALLANDALE FL**TITLE ☐ Delete**NAME  
STREET ADDRESS  
CITY - ST - ZIP**TITLE ☐ Delete**NAME  
STREET ADDRESS  
CITY - ST - ZIP**TITLE ☐ Delete**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition**NAME  
STREET ADDRESS  
CITY - ST - ZIP  
333 Golden Beach Drive  
Golden Beach, FL 33160**TITLE ☒ Change ☒ Addition**V  
Isaac Shalom  
333 Golden Beach Drive  
Golden Beach, FL 33160**TITLE ☒ Change ☐ Addition**NAME  
STREET ADDRESS  
CITY - ST - ZIP  
333 Golden Beach Drive  
Golden Beach, FL 33160**TITLE ☐ Change ☐ Addition**NAME  
STREET ADDRESS  
CITY - ST - ZIP**TITLE ☐ Change ☐ Addition**NAME  
STREET ADDRESS  
CITY - ST - ZIP**TITLE ☐ Change ☐ Addition**NAME  
STREET ADDRESS  
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ESTHER SHALOM 4/3/2000 305-477-6230**