2000 UNIFORM BUSINESS REPORT (UB

2000	UNIFORM BUS	SINESS REP	ORT (l	JBR)		APPROVED			
DIDCUMENT # L9600001241 1. Entity Name STAT AUDITING SOFTWARE, L.C.					FILED OO APR -5 PM 2: 05				
									Principal Place 156 ALMERIA #202 CORAL GABLE
2. Principal Place of Business 3. Mailing Address			(19 5 11011 DYB 18110 BYLL BOLL BOLL BOLL BOLL			
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	DO NOT WRITE IN THIS SPACE				
City & State City & S		City & State	\$ State		4. FEI Number 65-0714309 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certifi	icate of Status Desired	\$5.00 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7. Name	and Address of New Registered	Agent		
FELUREN, MARK S ONE FINANCIAL PLAZA SUITE 1500				Name Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33394				City		F	Zip Code	e ·	
8. The above	named entity submits this statement Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Ag	ent signature required E \$\$ \$50.00	t when reinstatin	<u> </u>			
9	MANAGING MEM	IBERS/MEMBERS	10.			ADDITIONS/CHANGE	S		
TITLE* HAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete ANTON, XAVIER 156 ALMERIA AVENUE, #202 CORAL GABLES FL 33134			.00RE8 \$ ZIP		100003217	□ Change 441-	Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Detate	TITLE NAME STREET A CITY-ST-			-04/20/00 *****50.00	Jitteflenge し ******5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delette	TITLE NAME STREET A GITY-ST-	i	-		Changa	Addition	
TITLE HAME STREET ADDRESS CITY-ST-TIP		□ Deleta	TITLE NAME STREET A CITY-ST-				Change	Addition	
TITLE NAME 87REET ADDRESS SITY-ST-ZIP		□ Deleta	TTTLE NAME STREET A CITY-ST-	Į.		d	Change	Addition	
/TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Deliste	TITLE NAME STREET A CITY-ST-				☐ Changa	Addition	
indicated limited lia	certify that the information supplied will on this report is true and accurate an ability company or the eceiver or trus	d that my signature shall hav	ve the same le is report as re	gal effect as if n quired by Chap .'	nade under	oath; that I am a managing membrida Statutes.	per or manage	er of the	
SIGNAT	SIGNATURE NO TYPES OR P	PRINTED NAME OF SIGNING MANAGIN				Date	Daytime Phone #		