

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/30



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008393

1. Entity Name

THREE RIVERS SOFTWARE, L.L.C.

Principal Place of Business

999 PONCE DE LEON BLVD., SUITE 720
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD., SUITE 720
CORAL GABLES FL 33134-3042

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERAS, RAUL JR.
999 PONCE DE LEON BLVD., SUITE 720
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM CANESSA, ATILIO ☐ Delete
STREET ADDRESS 6885 N.W. 25TH STREET
CITY- ST- ZIP MIAMI FL 33122

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

TITLE NAME MGRM HERNANDEZ, JORGE ☐ Delete
STREET ADDRESS 6885 N.W. 25TH STREET
CITY- ST- ZIP MIAMI FL 33122

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003195919--1
CITY- ST- ZIP -04/04/00--01099--010
*****50.00 *****50.00

TITLE NAME MGRM MONTENEGRO, JULIO ☐ Delete
STREET ADDRESS 6885 N.W. 25TH STREET
CITY- ST- ZIP MIAMI FL 33122

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

ATILIO CANESSA

Managing Member

March 16, 2000

Date

Daytime Phone #

(305) 271-6917

CR2E083 (9/99)