

2001 UNIFORM BUSINESS REPORT (UBR)

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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

FILED

01 APR 27 PM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2241078

Applied For

Not Applicable

Zip

Country

Zip

Country

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
STREET ADDRESS 6885 N.W. 25TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: ATILIO CANESSA, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)