

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12533

1. Entity Name

AMERICAS SOFTWARE CORPORATION

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90093 010 ***550.00

Principal Place of Business

600 BRICKELL AVE.
STE. 202
MIAMI FL 33131
US

Mailing Address

600 BRICKELL AVE.
STE. 202
MIAMI FL 33131
US

2. Principal Place of Business

550 BRICKELL AVE
Suite, Apt. #, etc.
SUITE 503

3. Mailing Address

550 BRICKELL AVE.
Suite, Apt. #, etc.
SUITE 503

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0037930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALY, JOHN
600 BRICKELL AVE.
STE. 202
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: JOHN DALY
Street Address (P.O. Box Number is Not Acceptable):
550 BRICKELL AVE STE 505
City: MIAMI FL Zip Code: 33131

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

JOHN DALY

08/03/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: P
NAME: DALY, JOHN
STREET ADDRESS: 600 BRICKELL AVE., STE. 202
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: JOHN DALY
STREET ADDRESS: 550 BRICKELL STE 503
CITY-ST-ZIP: MIAMI, FL 33131 ☒ Change ☐ Addition

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/2000 305.377.3502

Date

Daytime Phone #

CR2E034 (5/00)