

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90085 004 \*\*\*150.00

DOCUMENT # M 12533

1. Entity Name

Americas software  
Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

550 Brickell Ave.

3. Mailing Address

550 Brickell Ave

Suite, Apt. #, etc.

SUITE 503

Suite, Apt. #, etc.

SUITE 503

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

05-0037930

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John Daly

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

550 Brickell Ave.

Suite 503

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME John Daly  
STREET ADDRESS 550 Brickell Ave, suite 503  
CITY-ST-ZIP Miami, FL 33131

TITLE  
NAME Ronald Cadano  
STREET ADDRESS 550 Brickell Ave suite 503  
CITY-ST-ZIP Miami, FL 33131

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**DO NOT WRITE  
IN THIS SPACE**

2. 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 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)