2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82166

1. Entity Name

Zip

SIGNATURE

THE SOFTWARE PROFESSOR OF AMERICA, INC.

Country

KAUFMAN, ALLEN J.

18951 NE 20TH AVE. N MIAMI BCH FL 33179

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

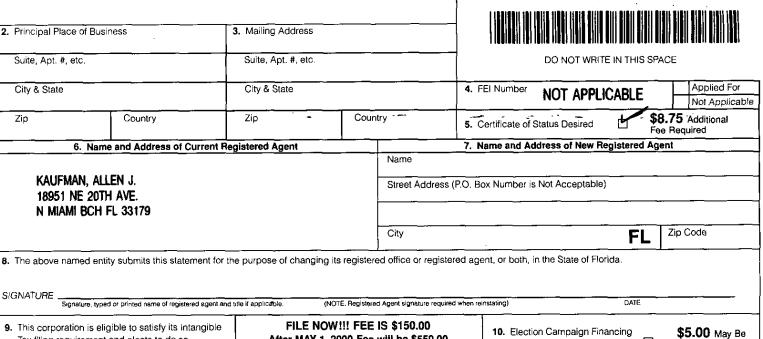
Signature, typed or printed name of registered agent and title if applicable.

Principal Place of Business	Mailing Address	 .——
18951 N.E. 20TH AVENUE N MIAMI BCH FL 33179-4321	18951 N.E. 20TH AVENUE N MIAMI BCH FL 33179-4321	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90038 035 ***158.75



Trust Fund Contribution.

Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PN Change Addition Delete TITLE KAUFMAN, ALLEN J. NAME 18951 NE 20TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP _ CITY-ST-7IP N MIAMI BCH FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Name

City

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR