2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000003503 1. Entity Name SOFTWARE DEVELOPMENT AND SYSTEM ENGINEERING, INC .					Secretary of State 04-22-2002 90126 035 ***150.00		
Principal Place of Business Mailing Address 17664 SW 139 COURT 17664 SW 139 COURT MIAMI FL 33177 MIAMI FL 33177							
2. Principal Place of Business		3. Mailing Address			TI LEBOLEDI III ADIII PALII DEKII DENII BANI BANI BANI BANI BANI BANI BANI B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number 65 - 109 6047 Applied For Not Applicable		
Zip	Country USA	Zip	Country USA	5.	. Certificate of Status Desired	¢9.75	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New	·	
			Name			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
RAMIREZ, JAIME 17664 SW. 139 COURT MIAMI F. 33177				et Address (P.O. Box Number is Not Acceptable)			
·	**		City	MAMI	1	FL Zip Cod	e 177
Tax filing	Signature, typed or a nation against of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so. ria on back)).00 550.00	<u> </u>	٠, ٥٠.٠	00 May Be
11.	OFFICERS AND		12.			FEICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSPINA, JOSE E CARRERA 7 NUMERO 32-33 SANTA FE DE BOGOTA COL.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VKapasi Ospina, 17664	dert	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURTADO, CRISTIAN O CALLE 86C #103 D-22 INTERIOR SANTA FE DE BOGOTA COL.	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Praden Hutab 17664 S		∠ Change	☐ Addition
TITLE Name Street address= City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	74.00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an adpress, v	true and accurate and that m wered to execute this report a	v signature shall l	have the same	lenal effect as it made under	r nath: that I am an officer.	or director