

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90153 024 \*\*\*150.00

**DOCUMENT # P00000003503**

1. Entity Name

SOFTWARE DEVELOPMENT AND SYSTEM ENGINEERING, INC



Principal Place of Business

7220 NW 36 STREET  
#510  
MIAMI FL 33166

Mailing Address

7220 NW 36 STREET  
#510  
MIAMI FL 33166

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

*USA*

Zip

Country

*USA*

4. FEI Number 65-1096047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HURTADO, CRISTIAN O  
17664 SW 139 COURT  
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name  
*HURTADO CRISTIAN O*

Street Address (P.O. Box Number is Not Acceptable)  
*13010 NW 2 Street #101*

City *Pembroke Pines*

**FL**

Zip Code  
*33028*

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

*REGISTERED AGENT CRISTIAN HURTADO*

(NOTE: Registered Agent signature required when reinstating)

*03/04/03*

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 *VP* ☐ Delete  
NAME *OSPINA, JOSE E*  
STREET ADDRESS *17664 SW 134 CT*  
CITY-ST-ZIP *MIAMI FL 33177*

TITLE *P* ☐ Delete  
NAME *HURTADO, CRISTIAN O*  
STREET ADDRESS *17664 SW 139 CT*  
CITY-ST-ZIP *MIAMI FL 33177*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *VP* ☒ Change ☐ Addition  
NAME *OSPINA JOSE E*  
STREET ADDRESS *7220 NW 36 ST #510*  
CITY-ST-ZIP *MIAMI, FL 33166*

TITLE *P* ☒ Change ☐ Addition  
NAME *HURTADO CRISTIAN*  
STREET ADDRESS *13010 NW 2 Street #101*  
CITY-ST-ZIP *Pembroke Pines, FL 33028*

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

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

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

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

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*CRISTIAN HURTADO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/04/03*  
Date

*(954) 392-6542*  
Daytime Phone #

CR2E034 (10/02)