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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
03-27-2001 90659 038 ***150.00

DOCUMENT # P00000008716

1. Entity Name: FLOWSOFT USA INC.

Principal Place of Business: 125 GAVILAN AVE, CORAL GABLES FL 33143

Mailing Address: 125 GAVILAN AVE, CORAL GABLES FL 33143

[redacted]

2. Principal Place of Business: 4815 E Busch BLVD, Suite, Apt. #, etc.: STE 208L, City & State: TAMPA FL, Zip: 33617, Country: Hillsborough

3. Mailing Address: P.O. BOX 52-0644, Suite, Apt. #, etc.:, City & State: MIAMI FL, Zip: 33152, Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0984203 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
SANTAELLA, JUAN A
125 GAVILAN AVE
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent:
Name: SANTAELLA, JUAN A
Street Address (P.O. Box Number is Not Acceptable): 6720 SW 88 TERR
City: MIAMI FL Zip Code: 33156

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 X [signature] 3/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After 3/31/01 Fee will be $500.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P / SANTAELLA, JUAN A / CALLE ARISMENDIETA CODIERI / PRADO DEL ESTE CARACAS VENEZUELA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD / SANTAELLA, JUAN A / P.O. BOX 52-0644 / MIAMI FL 33152 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANTAELLA, CARLOS / DOS 1041 / PO BOX 025323 / MIAMI FL 33102 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOS / PAREDES, JUAN C / TERRAZAS de Club-HIPICO / CARACAS VENEZUELA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANTAELLA, BEATRIZ / SANTAEDUIGIS 2DA AVE RIO LA PENA / NO 3 CARACAS VENEZUELA ☒ 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

CR2E034 (11/00)

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: X [signature] 3/19/01 386-229-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone