2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

changed, or on an atte

SIGNATURE:

Sep 12, 2003 8:00 am Secretary of State P00000009026 DOCUMENT # 09-12-2003 90088 026 ***550.00 1. Entity Name DATABAQ SOFTWARE, INC. Principal Place of Business Mailing Address 1800 SUNSET HARBOUR DR 1800 SUNSET HARBOUR DR #2315 #2315 MIAMI BEACH FL 33139 MIAMI-BEACH FL 33139 2. Principal Place of Business Mailing Address 913 N.W 56+4 Street Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For v & State 4. FEI Number 65-0985606 Yliam 1 lam Not Applicable County (A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent anusco SANCHEZ, FRANCISCO 1800 SUNSET HARBOUR DR **MIAMI FL 33139** 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 obligati SIGNATURE r printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME FRANCISCO, SANCHEZ NAME 1800 SUNSET HARBOUR DR 2315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33139 CITY-ST-ZIP TITLE TREA ☐ Delete TITLE Change ☐ Addition NAME SANCHEZ, FRANCISCO NAME STREET ADDRESS 1345 LINCOLN RD SUITE 1202 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 path; that I am an officer or director of the corporation or the report of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if