## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P00000021567 1. Entity Name IBERSOFT CO. 3-29-2001 90367 016 \*\*\*158.75 Principal Place of Business Mailing Address 6884 SOUTHWEST 88TH STREET 6884 SOUTHWEST 88TH STREET UUTUU SUITE C403 SUITE C403 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$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 Name PRADILLO JOSE - SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) - 343 ALMERIA AVENUE CORAL GABLES FL 33134 6884 S.W.88th Street suite # Florida. 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation seligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change PTD ☐ Delete Addition TITLE PRADILLO, JOSE NAME STREET ADDRESS **6884 SOUTHWEST 88TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete ☐ Addition NAME VALDERMORO, KAREN NAME STREET ADDRESS STREET ADDRESS 6884 SOUTHWEST 88TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: \_

E AND TYPED OR PRUTED NAME OF SIGNING OFFICER OR DIRECTOR