

02-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000024396

1. Entity Name

ASTERISCO SOFTWARE, INC.



03 APR 18 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3370 NE 190th STREET

3. Mailing Address

3370 NE 190th STREET

Suite, Apt. #, etc.

1404

Suite, Apt. #, etc.

1404

City & State

AVENTURA, FL

City & State

AVENTURA, FL

4. FEI Number

65-0994918

Applied For

Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
DANIEL BENGIO

Street Address (P.O. Box Number is Not Acceptable)

2525 N STATE ROAD 7, SUITE 115

City
HOLLYWOOD

FL

Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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

DANIEL BENGIO, CPA

01/27/03

Signature of registered agent or registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D
STREET ADDRESS
KRITZLER, NICOLAS
CITY-ST-ZIP
TORRE CAPRILES, 4TH FLOOR
CARACAS, VENEZUELA

TITLE
NAME
D
STREET ADDRESS
CERCEAU, FERNANDO
CITY-ST-ZIP
TORRE CAPRILES, 4TH FLOOR
CARACAS, VENEZUELA

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NICOLAS KRITZLER

01/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)