

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90046 008 ***150.00

DOCUMENT # P00000025163

1. Entity Name
SURESOFT, INC.

553389

Principal Place of Business Mailing Address
8720 SOUTHWEST 183RD TERRACE 8720 SOUTHWEST 183RD TERRACE
MIAMI FL 33157 MIAMI FL 33157

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0989822

Applied For
 Not Applicable

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

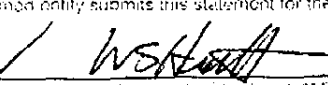
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **William Heath**
 Street Address (P.O. Box Number is Not Acceptable)
8720 SW 183 TERR
 City **MIAMI** FL **33157**

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 
 Signature (typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when registering)

DATE **3-17-01**

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 MAY 1, 2001 Fee will be \$550.00
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	PSTD	☐ Delete
NAME	HEATH, WILLIAM	
STREET ADDRESS	8720 SOUTHWEST 183RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
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		

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

13. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b) Florida Statutes. I further certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if made in person. I am a duly authorized officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and not any other agency. I have attached to this filing all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William Heath** DATE **3-17-01** **3059694945**