

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90348 025 ***150.00

DOCUMENT # **P00000054766**

1. Entity Name

Software Associates, Inc.

Principal Place of Business

1260 Westford St C24

Lowell, MA 01851

7543 SW 26th CT UNIT #66

DAVIE, FL - 33314

Mailing Address

1260 Westford St C24

Lowell, MA 01851

7543 SW 26th CT UNIT #66

DAVIE, FL - 33314

2. Principal Place of Business

7543 SW 26th CT UNIT #66

Suite, Apt. #, etc.

DAVIE FL

City & State

33314

Zip

Country

3. Mailing Address

RAMANA ATLURI

Suite, Apt. #, etc.

7543 SW 26th CT UNIT #66

City & State

DAVIE, FL - 3

Zip

Country

USA

4. FEI Number

58-2549821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Atluri, Venkata R

C/O F Gutta CPA PA

8211 W Broward Blvd Ste 410

Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 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

TITLE **PSD** ☐ Delete

NAME **Atluri, Venkata R**

STREET ADDRESS **1260 Westford St #24C**

CITY-ST-ZIP **Lowell, MA 01851**

TITLE **VTD** ☐ Delete

NAME **Kongara, Sumitha**

STREET ADDRESS **1260 Westford St #24C**

CITY-ST-ZIP **Lowell, MA 01851**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

ATLURI, VENKATA R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

978-884-3523

Daytime Phone #

CR2E034 (11/00)