

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 020 ***150.00
 04-30-2001 90415 007 ***150.00

0041588 AV

DOCUMENT # P00000074936

1. Entity Name
AHSOFT, INC.

Principal Place of Business Mailing Address
545 WEST 37TH STREET 545 WEST 37TH STREET
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

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 **65-1079552** 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 **SHALOM A HOLZER**

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

545 W 37th St

City **MIAMI BEACH** FL Zip Code **33140**

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 *Shalom A Holzer*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **HOLZER, SHALOM A**
 CITY-ST-ZIP **545 WEST 37TH STREET**
MIAMI BEACH FL 33140

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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: *Shalom A Holzer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/01 305-672-4221

Date

Daytime Phone #

CR2E034 (5/01)

attachment 1
D# D000000074936
B0006736

To Whom It May Concern:

I initially filed a Uniform Business Report for my company, AHSoft, Inc. on 4/24, in advance of the March deadline. I subsequently received a letter from the Department of State on 5/10 (enclosed) informing me that I had omitted the FEI number from my original submission (also enclosed). Since this is my first corporation, I had indeed originally skipped that section, not realizing its importance.

I then set about attempting to retrieve a FEI number from the IRS using the number supplied to me in the notification. Unfortunately, this proved more difficult and time consuming than anticipated, and during this interval I neglected to follow up on the letter and submit the replacement UBR.

Finally I received a second letter informing me that I was now subject to paying a fee of \$550 to submit the UBR, instead of the \$150 which I would have had to pay had my initial pre-deadline application been accepted. I called your office and was told to explain the situation, and that possibly you would be willing to forgive the late fee in such cases. I have enclosed my newly filled out UBR, in addition to my original UBR and the original notification letter. I would greatly appreciate if you could waive the fee, and have enclosed a check for the original \$150 fee.

Thank you for your time. Sincerely,

Shalom A Holzer, President, CEO
AHSoft, Inc.

2001 UNIFORM BUSINESS REPORT (UBR)

4/30/01-90415-007-\$150.00-\$150.00

WLS 61

CR2E034 (10/00)

DOCUMENT # P00000074936			
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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		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: <u>SHALOM A. HOLZER</u> Street Address (P.O. Box Number is Not Acceptable) <u>545 WEST 37TH STREET</u> City: <u>MIAMI BEACH</u> FL <u>33140</u>	
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: <u>Shalom A. Holzer</u> 4/24/01 <small>Signature, typed or printed name of registered agent and (see if applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSID HOLZER, SHALOM A 545 WEST 37TH STREET MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Shalom A. Holzer</u> <u>SHALOM A. HOLZER</u> <u>4/24/01</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

attachment
 D# P0000074936
 BOULE 1730



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