

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90241 047 ***150.00

DOCUMENT # P00000090263

1. Entity Name

SOFTECH WORLD TRADE CORP.

Principal Place of Business

1233 SW 177TH TERR
 PEMBROKE PINES FL 33029

Mailing Address

1233 SW 177TH TERR
 PEMBROKE PINES FL 33029

2. Principal Place of Business

1233 SW 177TH TERR.
 Suite, Apt. #, etc.

3. Mailing Address

1233 SW 177TH TERR.
 Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-1042735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OSIRIS CRUZ, RUBEN
 1910 W 56TH ST, APT 3327
 HIALEAH FL 33012

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 PVS ☐ Delete
 NAME OSIRIS CRUZ, RUBEN
 STREET ADDRESS 1910 W 56TH ST, APT 3327
 CITY-ST-ZIP HIALEAH FL 33012

TITLE T ☐ Delete
 NAME MOHAN, CAROLINE
 STREET ADDRESS 1233 SW 177TH TERR
 CITY-ST-ZIP PEMBROKE PINES FL 33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/01
 Date

954-442-6653
 Daytime Phone #

CR2E034 (10/00)