2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

1550 NE MIAMI GARDENS DRIVE

NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

City & State -

SOFTWARE CONSULTANTS (15), INC.

1. Entity Name

SUITE 305

P00000096990

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

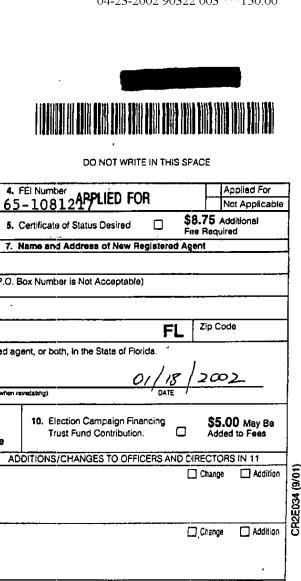
SUITE 305

1550 NE MIAMI GARDENS DRIVE

NORTH MIAMI BEACH FL 33179

FILED Apr 23, 2002 8:00 am Secretary of State





					103	<u>-100121/</u>				
Zip		Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add		
	6. Name	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					
			<u> </u>	Name						
ROSEN, G				Street Address (P.O. Box Number is Not Acceptable)						
1550 NE MIAMI GARDENS DRIVE										
SUITE 305				İ	•					
NORTH MIAMI BEACH FL 33179				City			FL	Zip Code	9	
B. 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 finited name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE										
						I				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]			After May 1, 2002		Fee will be \$550.00 Trust Fund Contribo Department of State		cing 🗆		May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND	IRECTORS	S IN 11	
TITLE	PD		☐ Deleta	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		ALASDAIR M	C 5011,1	NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP		AMI BEACH FL 33179		CITY-ST-ZIP						
TITLE	VPD		☐ Defete	TITLE				Change	Addition	
NAME	CARTER, N	NICHOLAS		NAME				, ,	_	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP					•	
TITLE .	D		☐ Delete	TITLE			<u> </u>	Change	Addition	
NAME	BALISTER,	PAUL		NAME -						
STREET ADDRESS	REET ADDRESS 1550 NE MIAMI GARDENS DR SUITE 305			STREET ADDRESS"	% e			-		
CITY-ST-ZIP	NORTH MI	AMI BEACH FL 33179		CITY-ST-ZIP						
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CITY-ST-ZIP				CITY-ST-ZIP					- [
12 Ibarabua	مطله معالب	information according with this	to a feet a feet and			40.03/0V/1 Classes December 15				

recovery use the mormation supplied with this filling 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:

Florida DOS Division of Corporations - Online Payment

Atachar Page 1 of 1



Online Payment System

Billing Information

Fransaction Amount:	\$150.00
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Credit Card Vendor: Visa

Credit Card Number: 4479631300909559

Credit Card Expiration Date: 04 2 7 2003

Billing Name: A MACLEOD PROVAN

Billing Address: 39 NORTH STREET

Billing City: Midhurst West Sussex England

Billing State: FL 😴

Billing Zip:

How did you hear about this Service? Select Choice...

Continue