## 2001 UNIFORM BUSINESS REPORT (UBR) Jun 05, 2001 8:00 am Secretary of State DOCUMENT # P00000101105 05-10-2001 90067 015 \*\*\*150.00 EXTEND PILOT SOFTWARE, INC. Principal Place of Business Mailing Address 25 S.E. 2ND AVENUE 25 S.E. 2ND AVENUE **SUITE 1235 SUITE 1235** 74240 MIAM) FL 33131 MIAML FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For -65-10544 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTOS, MAURO C Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE **SUITE 1235** MIAMI FL 33131 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOT at Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax 'iling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition Delete ☐ Change NAME MARQUES, RICARDO A NAME STREET ADDRESS RUA ROSA E SILVA, 60 BLOCO 06-APTO 1003 --STREET ADDRESS. CITY-ST-ZP CITY-ST-ZIP BRAZIL CEP 205541-330 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STRET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP BTE TITLE Delete ☐ Change ☐ Addition NAME STRET ADDRESS 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 attachment with an attachment with an attachment with a place.

NG OFFICER OF DIRECTOR

FILED

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