## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

9900 STIRLING RD., SUITE 230

HOLLYWOOD FL 33024

## DOCUMENT # P01000030215

1. Entity Name

Principal Place of Business

HOLLYWOOD FL 33024

SIGNATURE:

9900 STIRLING RD.. SUITE 230

YSOFT ONLINE CONSULTING SERVICES, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90012 008 \*\*\*163.75

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2. Principal Place of Business		3. Mailing Address			1 40011001 412 00107 JIOJA 00111 00411 00411 0	#### #### ##### ##### ################	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-1101299		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	
-	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Register	ed Agent	
'	NCARDO F C E LAGOON DR., STE. 150 33126		Name YOULE, RICARDO F C Street Address (P.O. Box Number is Not Acceptable)  9900 STIRLING RD., SUITE 230  City COOPER CITY FL Zip Code 330024				
the obligat	s named entity submits this statement for tions of egistered agent Signature to Frinted name of registered agent and the statement for the statement of the statement for the	CRICARDO YOU dittle if applicable. (NOTI	_	or registered	l agent, or both, in the State of Florida. I	7/03	O May Be
0.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS		S IN 11
ITLE HAME HTREET ADDRESS	D YOULE, RICARDO F C 5805 BLUE LAGOON DR STE 150 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Youle 4900 COOPE	E, RICARDO F C STIRLING RD, SUITE 230 R CITY, FL 33024	Channe	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	D YOULE, RONALD F L 5805 BLUE LAGOON DR STE 150 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9900 9900	, RONALDO F L STIRLING RD, SUITE 230 R CITY, FL 33024	⊠ Change	☐ Addition
ITLE HAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with to this report or supplemental report is to poration or the receiver or the tempor or the anadoress, with an address, with the control of the c	rue and accurate and that n vered to execute this report	ny signature shall	have the sar	me legal effect as if made under oath; the	at I am an officer	or director