

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 10 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

001000054350

1. Entity Name

NUMIND SOFTWARE SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1020 N.W. 163RD DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33169

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ronald Davidovic**

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

1020 NW 163rd Drive

City **Miami**

FL

Zip Code
33169

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PS Louise Tolson 1020 NW 163rd Drive, Miami FL 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Grant Morotta 1020 NW 163rd Drive, Miami FL 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/02

Telephone #

CR2E034B (12/01)

71 10/10/02

Numind Software Systems, Inc
1020 NW 163rd Drive
Miami, FL 33169

October 7, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: NUMIND SOFTWARE SYSTEMS, INC

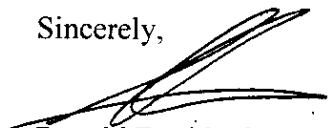
To Whom It May Concern:

I am writing on behalf of the above-referenced corporation. This corporation had never received notice from the State or a form of the Annual Report and not until discovered this morning, did they realize that dissolution was pending.

Enclosed, please find a Uniform Business report along with the filing fee of \$150.00 payable to the Florida Department of State. Kindly cause this document to be filed and we respectfully request that reinstatement fees be waived.

In the event you have any questions, please do not hesitate to contact me.

Sincerely,



Ronald Davidovic, Esq.
Counsel

Enc.