

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90094 041 ***150.00

DOCUMENT # P 01000071151

1. Entity Name

SOFTMAR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

445 GRAND BAY DRIVE

Suite, Apt. #, etc.

SUITE 211

3. Mailing Address

445 GRAND BAY DRIVE

Suite, Apt. #, etc.

SUITE 211

City & State

KEY BISCAYNE

City & State

KEY BISCAYNE

Zip

FLORIDA

Country

33149

Zip

FLORIDA

Country

33149

4. FEI Number

65-1149918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SALAZAR, LISETTE ESP.

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

240 CRANSON BLVD.

SUITE # 266

City

KEY BISCAYNE

FL

Zip Code

33149

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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
**DIRECTOR
BLANDA DE BIANCHI, MIRIAM NORMA
445 GRAND BAY DRIVE SUITE 211
KEY BISCAYNE FL. 33149**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

MIRIAM NORMA BLANDA

3/25/03

305-6328251

Date

Daytime Phone #

CR2E034B (12/01)