

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90086 035 ***150.00

DOCUMENT # P01000079098

1. Entity Name

SOFTVISION TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1889, S. KIRKMAN RD, #627

1889, S. KIRKMAN RD, #627

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32811

USA

32811

USA

4. FEI Number

59-3744492

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NIDAMARTI S.K. MOHAN

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

1889, S. KIRKMAN RD, #627

City

ORLANDO

FL

Zip Code

32811

**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)

(KRISHNA MOHAN)

04/15/02

DATE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

**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

**P NIDAMARTI S.K. MOHAN
1889, S. KIRKMAN RD, #627
ORLANDO, FL - 32811**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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) **(KRISHNA MOHAN)**

04/15/02

Date

407-292-5037

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR