

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90420 037 \*\*\*150.00

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

DOCUMENT # P01000099459

1. Entity Name

SOFTWARE ALLIANCE INCORPORAT

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8649,  
FLORIDA, N. HINES

Suite, Apt. #, etc.

#1320

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Address

8649, N. HINES AVE

Suite, Apt. #, etc.

#1320

City & State

TAMPA, FL

Zip

33614

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3748522

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS

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

541, FOURTH STREET #200

MIAMI BEACH FL

City

MIAMI BEACH

FL

Zip Code

33139

**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 reinstating)

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  
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRESIDENT  
KAMESH SOMANCHI  
8649 N. HINES AVE #1320  
TAMPA, FL - 33614

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 attachment with an address, with all other like empowered.

SIGNATURE:

Kamesh Somanchi

Kamesh Somanchi

Date

4/18/02

Daytime Phone # 813-515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #