

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90218 013 ***163.75

DOCUMENT # **A01000104112**

1. Entity Name

Ergosoft, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15403 SW 142nd Ave.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-115 6323

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John G. Loomos

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

14260 SW 153rd Place

City

Miami

FL

Zip Code

33196

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Melanie D. Loomos 15403 SW 142nd Ave Miami, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer John G. Loomos 14260 SW 153rd Place Miami, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Treasurer Boris Stanjovic 631 Jefferson Ave # 503 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary George Achi 1925 Brickell Ave. D-123 Miami, FL 33129
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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:

Melanie Loomos

Melanie Loomos

4-28-02

1-866-843-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)