

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90107 029 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000107856

1. Entity Name
UNISOFT, INC.



Principal Place of Business
8010 CLEARY BLVD #105
PLANTATION, FL 33324

Mailing Address
8010 CLEARY BLVD #105
PLANTATION, FL 33324

2. Principal Place of Business
2300 Diana Dr.
Suite, Apt. #, etc.
301

3. Mailing Address
2300 Diana Dr
Suite, Apt. #, etc.
301

☒ CHECK HERE IF MAKING CHANGES

City & State
Hallandale Bch, FL
Zip
33009
Country
US

City & State
Hallandale Bch, FL
Zip
33009
Country
US

4. FEI Number
80-0020444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TALATI, PETER
8010 CLEARY BLVD #105
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
TALATI, Peter
Street Address (P.O. Box Number is Not Acceptable)

2300 Diana Dr. # 301
City Hallandale Bch FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TALATI, PETER
8010 CLEARY BLVD #105
PLANTATION, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TALATI, Peter
2300 Diana Dr. # 301
Hallandale Bch, FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)