

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90098 006 \*\*\*150.00

**DOCUMENT # P02000020528**

1. Entity Name  
**NEW SOFTWARE GENERATION OF USA 2001, INC.**



Principal Place of Business  
**4170 INVERRARY DRIVE  
#1903  
LAUDERHILL FL 33319**

Mailing Address  
**4170 INVERRARY DRIVE  
#1903  
LAUDERHILL FL 33319**



2. Principal Place of Business

**2700 W. ATLANTIC BLVD.**

3. Mailing Address

**2700 W. ATLANTIC BLVD.**

Suite, Apt. #, etc.

**Suite 200-5**

Suite, Apt. #, etc.

**Suite 200-5**

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

4. FEI Number

**043643561**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name **AZoy Tax + Financial Services, Corp.**  
Street Address (P.O. Box Number is Not Acceptable)  
**755 SOUTH STATE Rd 7**  
City **Plantation** FL Zip Code **33317**

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.

**EDUARDO AZOY**

**02-13-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**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 **D** ☐ Delete  
NAME **D'ANGELO, OSVALDO**  
STREET ADDRESS **4170 INVERRARY DRIVE #103**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: **OSVALDO D'ANGELO** 02/13/03 (954) 3475216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)