## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P93000060187 1. Entity Name BRADAR SOFTWARE DEVELOPMENT CORP. 01-25-2000 90098 032 \*\*\*158.75 Principal Place of Business Mailing Address 9145 BIRD ROAD 9145 BIRD ROAD MIAMI FL 33165-5371 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address 2900 LUCKIE RD 2900 LUCKIE RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 65-0436482 WESTON Not 4 Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent. --- 6.- Name and Address of Current Registered Agent R RICHTER RICHTER, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 9145 BIRD RD. MIAMI FL 33165 2900 LUCKIE RD 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. ANN R. RICHTER FIES 1-10-00 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete ANN R. RICHTER RICHTER, BRADLEY NAME NAME 2900 LUCKIE RD STREET ADDRESS STREET ADDRESS 9145 BIRD RD. WESTON FL 33331 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change\_\_\_ TITLE-- Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

9NN R. RICHTER 1-10-00 954-389-3533