

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040696

1. Entity Name

F.F.D. SOFTWARE & HARDWARE INTERNATIONAL CORPORA

Principal Place of Business

12330 NW 55 ST  
CORAL SPRINGS FL 33076

Mailing Address

12330 NW 55 ST  
CORAL SPRINGS FL 33076

2. Principal Place of Business

7027 W Broward Blvd

3. Mailing Address

7027 W Broward Blvd

Suite, Apt. #, etc.

Box # 261

Suite, Apt. #, etc.

Box # 261

City & State

Plantation, FL

City & State

Plantation, FL

Zip

Country

33317 U.S.

Zip

Country

33317 U.S.

4. FEI Number

65-0494790

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, OSCAR  
12330 N.W. 55TH ST  
CORAL SPRINGS FL 33076

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FONSECA, FRANCISCO	
STREET ADDRESS	10240 SW 56 ST SUITE 115	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENEDETTI, RAFAEL	
STREET ADDRESS	18970 BOB-O-LINK DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, OSCAR	
STREET ADDRESS	12330 N.W. 55TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

954.7528499

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90030 022 \*\*\*150.00