

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090546

1. Entity Name

SOFTWARE PLUS INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90062 017 \*\*\*150.00

Principal Place of Business

Mailing Address

PMB 643, 11654 PLAZA AMERICA DR.  
RESTONO VA 20190

PMB 643, 11654 PLAZA AMERICA DR.  
RESTONO VA 20190-4700

2. Principal Place of Business

4630 South Kirkman Rd

3. Mailing Address

11654 Plaza America Dr

Suite, Apt. #, etc.

358

Suite, Apt. #, etc.

#643

City & State

Orlando, FL

City & State

Reston, VA

4. FEI Number

59-3283807

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

20190

Country

USA

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

SABA, CARLOS

4630 S. KIRKMAN RD., SUITE 358

ORLANDO FL 32811

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, 2000 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 ☐ Delete  
NAME SABA, WILHELM J  
STREET ADDRESS 545 GRIER AVE.  
CITY-ST-ZIP ELIZABETH NJ 07202

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

TITLE ☐ Delete  
NAME SABA, CARLOS  
STREET ADDRESS 545 GRIER AVE.  
CITY-ST-ZIP ELIZABETH NJ 07202

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

TITLE ☐ Delete  
NAME SABA, ANNETTE  
STREET ADDRESS 545 GRIER AVE.  
CITY-ST-ZIP ELIZABETH NJ 07202

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE:

CARLOS SABA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 (703) 709-0803

CR2E034 (9/99)