2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am Secretary of State DOCUMENT # **P95000047920** OCEAN SOFTWARE INTERNATIONAL, INC. 03-06-2000 90068 040 ***158.75 Mailing Address Principal Place of Business 1402 E. LAS OLAS BLVD., STE. 225 2029 N. OCEAN BLVD., UNIT 210 FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33301-2336 AUUZY661 2. Principal Place of Business 2363 SE 15th Street rederal DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. OCity & State Applied For 4. FEI Number 65-0588312 Not Applicable \$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 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD Change ☐ Addition ☐ Delete TITLE TITLE 2363 SE 15th Street SALLOT, DONALD R NAME NAME 2029 N. OCEAN BLVD., UNIT 210 STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33062 CITY-ST-ZIP FT. LAUDERDALE FL 33305 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE 363 SE 15th Street SALLOT, KATHY I NAME NAME 2029 N. OCEAN BLVD., UNIT 210 STREET ADDRESS STREET ADDRESS Pompano Beach, FL 33062 FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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