

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056236

1. Entity Name  
SOFTEK DIRECT, INC.

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90050 004 \*\*\*150.00

Principal Place of Business

Mailing Address

8201 NW 66 ST  
SUITE 05  
MIAMI FL 33166  
US

8201 NW 66 ST  
SUITE 05  
MIAMI FL 33166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0596959

Applied For

Not Applicable

5. Certificate of Status Desired ☐ DE

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINEHART, RICHARD  
8205 LAKE DRIVE  
SUITE 303  
MIAMI FL 33166

Name RINEHART, RICHARD

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

5561 NW 112 AVE #111

City MIAMI

FL

Zip Code 33178

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 (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 D  
NAME RINEHART, RICHARD  
STREET ADDRESS 8205 LAKE DRIVE, SUITE 303  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE D  
NAME RINEHART, RICHARD  
STREET ADDRESS 5561 NW 112 AVE. #111  
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

04/04/01

Date

305-477-3020

Daytime Phone #

CR2E034 (10/00)