

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000083227

1. Entity Name

DOTSOFT, INC.

FILED

02 APR -8 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 N.W. 97 AVE

3. Mailing Address

8500 WEST FLAGER ST

Suite, Apt. #, etc.

CCS 1230, UNIT C-105

Suite, Apt. #, etc.

B-208

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33144

Country

USA

4. FEI Number

650649949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARDO C. TACORONTE

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

8500 W. FLAGER ST SUITE 208

City MIAMI

FL

Zip Code

33144

**DO NOT WRITE
IN THIS SPACE**

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.

(NOT: Registered Agent signature required when transferring)

DATE

Bernardo C. Tacoronte 04/4/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D HERNAN PISANI
1601 NW 97 AVE, CCS 1160, UNIT C-105
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D CLAUDIO MINTZIAS
1601 NW 97 AVE, CCS 1160, UNIT C-105
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hernan Pisani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/4/02

Date

Daytime Phone #

CR2E0348 (12/01)

4000005482934

05/08/02-01017-012

****300.00 ****300.00

DOTSOFT, INC.
DOC.#P95000083227

2022

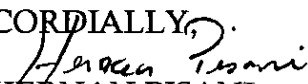
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE, PLEASE TAKE THIS
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME

CORDIALLY,

HERNAN PISANI
PRESIDENT