

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91417 010 \*\*\*150.00

**DOCUMENT # P95000089073**

1. Entity Name  
**SOFTTEK CONSULTING INTERNATIONAL CO.**



Principal Place of Business  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065  
US**

Mailing Address  
**2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065  
US**



2. Principal Place of Business

**3350 SW 148th Ave**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Miramar, FL**

Zip  
**33027**

Country

3. Mailing Address

**3350 SW 148th Ave**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Miramar, FL**

Zip  
**33027**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0635353**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
**Juan Carlos Salazar**

Street Address (P.O. Box Number is Not Acceptable)  
**3350 SW 148th Ave**

Suite 110

City  
**Miramar,**

FL Zip Code  
**33027**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
LOPEZ, BENIGNO  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
JIMINEZ, MARCOS  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

954-874-1652

Date

Daytime Phone #

CR2E034 (10/02)