## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000000638** Mar 01, 2000 8:00 am 1. Entity Name Secretary of State STERN & MORROW SOFTWARE CONSULTING, INC. 03-01-2000 90053 041 \*\*\*150.00 Principal Place of Business ...... Mailing Address 350 W CAMINO GARDENS BLVD 350 WEST CAMINO GARDENS BLVD SUITE 102 SUITE 102 BOCA RATON FL 33432-5825 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FELNumber City & State 65-0630436 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name stern, uri j Street Address (P.O. Box Number is Not Acceptable) 350 WEST CAMINO GARDENS BLVD STE. 102 **BOCA RATON FL 33432** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE 🔽 Change ☐ Addition TITLE Uri'J. Stern NAME STERN, URI NAME 11301 Coral Reef Drive 11301 CORAL REEF DRIVE STREET ADDRESS STREET ADDRESS Boca Raton, FL 33498 CITY-ST-ZIP CITY-ST-71P **BOCA RATON FL 33498** ☐ Change X Addition TITLE ☐ Delete TITLE Dori L. Stern NAME 11301 Coral Reef Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33498 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 1 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:** 

Dori Stern

2/19/0

561-392-0104

Daytime Phone #