

5/29

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 16, 2002 8:00 am
Secretary of State

05-29-2002 90734 036 ***550.00

DOCUMENT # P96000006123**1. Entity Name**
NUSOFT MANAGEMENT INC.**Principal Place of Business****601 N.W. 203 TERRACE**
PEMBROKE PINES FL 33029**Mailing Address****601 N.W. 203 TERRACE**
PEMBROKE PINES FL 33029**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

65-0641162

APPLIED FOR**Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WASHINGTON, ALONZO**
601 N.W. 203 TERRACE
PEMBROKE PINES FL 33029**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-02

**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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	WASHINGTON, BRENDA	
STREET ADDRESS	601 N.W. 203 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WASHINGTON JONES, GALE	
STREET ADDRESS	7804 ANTIONETTE DRIVE	
CITY-ST-ZIP	RICHMOND VA 23227	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHINGTON, ALONZO	
STREET ADDRESS	601 N.W. 203 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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 an officer has empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

CR2E034 (9/01)