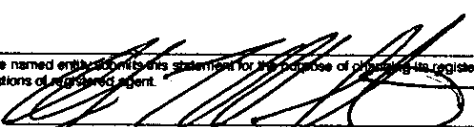
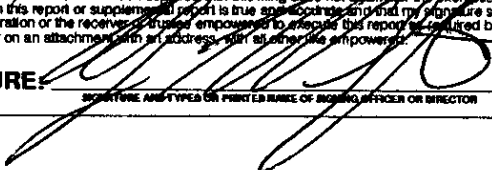


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90118 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0841102		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 certifies 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, the named agent.			
SIGNATURE 		DATE 2-28-03	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASHINGTON, BRENDA 601 N.W. 203 TERRACE PEMBROKE PINES, FL 33029 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WASHINGTON JONES, GALE 7804 ANTONETTE DRIVE RICHMOND, VA 23227 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASHINGTON, ALONZO 601 N.W. 203 TERRACE PEMBROKE PINES, FL 33029 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(1), 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 either the empowered.			
SIGNATURE 		DATE 2-28-03	

80049972



☐ CHECK HERE IF MAKING CHANGES

CR2004 (10/02)