

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90111 039 ***150.00

DOCUMENT # P96000022395	
1. Entity Name B SOFT, INC.	

Principal Place of Business 551 NW 77TH ST., STE. 100 BOCA RATON, FL 33487	Mailing Address 551 NW 77TH ST., STE. 100 BOCA RATON, FL 33487
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2. Principal Place of Business 5905 S. Congress Ave	3. Mailing Address 5905 S. Congress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Atlanta, Florida	City & State Atlanta, Florida
Zip 33462	Zip 33462
Country USA	Country USA



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BRUDERMAN, ROBERT W. 551 NW 77TH ST., STE. 100 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 65-0650295	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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's signature required when installing)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRUDERMAN, ROBERT W. 551 NW 77TH ST., STE. 100 BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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 another like empowered.

SIGNATURE: 	PROS. DOST	3-31-03	561-432-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. BRUDERMAN		Date	Daytime Phone #

CR2E034 (10/02)