

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90227 011 ***150.00

DOCUMENT # P96000028613**1. Entity Name**
BUGS SOFTWARE, INC.**Principal Place of Business**
1950 NE 207 ST.
MIAMI FL 33179**Mailing Address**
1950 NE 207 ST.
MIAMI FL 33179**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 65-0660719

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ALLEN, DANIELLE D**
1950 NE 207 ST
MIAMI FL 33179

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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** **PD** ☐ Delete
NAME **ALLEN, JAMES N**
STREET ADDRESS **1950 NORTHEAST 207TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **STD** ☐ Delete
NAME **ALLEN, DANIELLE D**
STREET ADDRESS **1950 NORTHEAST 207TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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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 all other like empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

4-20-02 305-3339213

CR2E034 (9/01)