

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037206

1. Entity Name

THE SOFTWORKS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90150 004 ***150.00

Principal Place of Business

Mailing Address

7348 SW 82ND ST
C-117
MIAMI FL 33143-468
US

7348 SW 82ND ST
C-117
MIAMI FL 33143-7466
US

2. Principal Place of Business

3. Mailing Address

8720 S.W. 86th COURT

8720 S.W. 86th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33143

City & State

MIAMI, FLORIDA 33143

Zip

Country

Zip

Country

33143

U.S.

33143

U.S.

4. FEI Number

65-0661606

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name: RAFAEL Q. ANDRADE

Street Address (P.O. Box Number is Not Acceptable)

8720 S.W. 86th COURT

City Miami

FL

Zip Code 33143

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]
Signature, typed or printed name of registered agent and title if applicable

RAFAEL ANDRADE, PRESIDENT

3-27-2000

(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, 2000 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 PSTD ☐ Delete
NAME ANDRADE, RAFAEL O
STREET ADDRESS 7348 SW 82ND ST #C-117
CITY-ST-ZIP MIAMI FL 66

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8720 S.W. 86th COURT
CITY-ST-ZIP MIAMI, FLORIDA 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 (305) 2792255
Date Daytime Phone #

CR2E034 (9/99)