FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000089571** 1. Entity Name CENSOFT, INC. 04-30-2001 90122 004 \*\*\*158.75 Principal Place of Business Mailing Address 900 S.E. 8TH AVENUE 900 S.E. 8TH AVENUE SUITE 301 SUITE 301 CLATION DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 301 YAMATO Yrana DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0748708 FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANDOLFI, EUGENE G Street Address (P.O. Box Number is Not Acceptable) 17953 BONIELLO RD **BOCA RATON FL 33496** 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: Rog stored Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TIME Chance Addition NAME PANDOLFI, EUGENE G NAME STREET ADDRESS STREET ADDRESS 900 S.E. 8TH AVENUE, SUITE 301 City-St-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE ☐ De!ete TITLE ☐ Change Addition | NAME PANDOLFI, LEETA STREET ADDRESS 900 SE 8TH AVE SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE Delete TITLE ☐ Change Addition NAME KOSLOW, HOWARD NAME STREET ADDRESS STREET ADDRESS 929 CLINT MOORE RD CITY-ST-ZYP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE ☐ Delete Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZiP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; that I am an efficier 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.