

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090310

1. Entity Name

I - HAWK SOFTWARE INTERNATIONAL CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90056 020 ***150.00

Principal Place of Business

Mailing Address

8910 MIRAMAR PARKWAY
 SUITE 210-B
 FL 33025

8910 MIRAMAR PARKWAY
 SUITE 210-B
 MIRAMAR FL 33025-4182

2. Principal Place of Business

3. Mailing Address

18331 Pines Blvd PMB 168
 Suite, Apt. #, etc.

18331 Pines Blvd PMB 168
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL
 Zip 33029 Country USA

City & State

Pembroke, FL
 Zip 33029 Country USA

4. FEI Number

65-0704767

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

ABRAMSON, EDWARD
 7270 NW 12 ST
 SUITE 580
 MIAMI FL 33126

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, 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 PD
 NAME CORDEIRO, CELSO
 STREET ADDRESS 2507 SW 177 AVE
 CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 18420 SW 4th St.
 CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VD
 NAME SIMPSON, RICARDO
 STREET ADDRESS 2347 SW 177 AVE.
 CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

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

TITLE SD
 NAME ABRAMSON, EDWARD
 STREET ADDRESS 7270 NW 12 STREET, SUITE 580
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

Celso Cordeiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/05/00
 Date

954-431-2326
 Daytime Phone #

CR2E034 (9/99)