

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024334

1. Entity Name

R SOFTWARE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90195 015 ***150.00

Principal Place of Business

2748 WEST 79TH STREET
HIALEAH GARDENS FL 33016

Mailing Address

2748 WEST 79TH STREET
HIALEAH GARDENS FL 33016

2. Principal Place of Business

9205 NW 101 STREET

Suite, Apt. #, etc.

3. Mailing Address

9205 NW 101 STREET

Suite, Apt. #, etc.

City & State

MEDLEY FL

City & State

MEDLEY FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0737226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD ☐ Delete
NAME SOLANO, ROBERTO
STREET ADDRESS 2748 WEST 79TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE VSTD ☐ Delete
NAME CASAS, RAYMOND J
STREET ADDRESS 2748 WEST 79TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)