

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 002 ***150.00

DOCUMENT # **PA7000042205**

1. Entity Name

SoftPlex Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5030 Champion Blvd

3. Mailing Address

5030 Champion Blvd

Suite, Apt. #, etc.

6-137

Suite, Apt. #, etc.

6-137

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton

City & State

Boca Raton FL

4. FEI Number

65-07572676

Applied For

Not Applicable

Zip

FL 33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALI MADDALIAN

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

5030 Champion Blvd - 6-137

City

Boca Raton

FL

Zip Code

33496

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

Ali Maddalian

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5, 10, 02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
MADDALIAN, ALI
5030 Champion Blvd, 6-137
Boca Raton, FL 33496**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ali Maddalian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5, 10, 02

305-772-6744

Date

Daytime Phone #

CR2E034B (12/01)