

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054170

1. Entity Name

INBS SOFTWARE PRODUCTS, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90051 027 \*\*\*150.00

Principal Place of Business

11900 BISCAYNE BLVD STE 503  
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD STE 503  
MIAMI FL 33181-2749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0766652

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

SMITH, LINDA M ESQ  
11900 BISCAYNE BLVD SUITE 200  
MIAMI FL 33181

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 ☐ Delete  
NAME KOCH, ROGER L  
STREET ADDRESS 2137 HIBISCUS CIRCLE  
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE STD ☐ Delete  
NAME TRIPODO, ANTHONY J  
STREET ADDRESS 1131 N.E. 97 STREET  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1225 NE 95 Street  
CITY-ST-ZIP Miami, FL 33138

TITLE D ☐ Delete  
NAME CHISHOLM, JOHN  
STREET ADDRESS 850 N.E. 123 STREET  
CITY-ST-ZIP NORTH MIAMI FL 33161

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

TITLE D ☐ Delete  
NAME GLEITSMANN, ROBERT J  
STREET ADDRESS 1801 S. TREASURE DRIVE #302  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

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

TITLE D ☐ Delete  
NAME MOUSSA, GEORGE  
STREET ADDRESS 520 N W 60TH CT  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13001 S. Calusa Club Drive  
CITY-ST-ZIP Miami, FL 33186

TITLE AS ☐ Delete  
NAME SMITH, ESQ LINDA M  
STREET ADDRESS 11900 BISCAYNE BLVD, STE 200  
CITY-ST-ZIP MIAMI FL 33181

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: Roger L. Koch, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00

(305) 893-5997

Date

Daytime Phone #

CR2E034 (9/99)