**2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P9700063872 Jul 25, 2000 8:00 am **Secretary of State** SOFTSYS, INC. 07-25-2000 90100 020 \*\*\*558.75 Principal Place of Business Mailing Address 516 MALAGA AVE., STE. 2 516 MALAGA AVE., STE. 2 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 5201 Blue Lagoon 520/ Blue Lagoon Unive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suites Surte 900 City & State City & State 4. FEI Number Applied For 65-0785032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENRY CORTINAS CORTINAS, HENRY 516 MALAGA AVE., STE. 2 **CORAL GABLES FL 33134** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTSD Change ☐ Addition ☐ Delete TITLE TITLE CORTINAS, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 516 MALAGA AVENUE, #2 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 Coral Gables, FL 33146 Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

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 employered 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.

\*\*EXEMPLES\*\*\*

\*\*Continuous or trustee employers\*\*

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 / Suly /200 (305) 667-0028