

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076545

1. Entity Name  
**GU SOFTWARE INC.**

**FILED**  
00 NOV -6 AM 10: 22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
355 COCONUT CIR. 355 COCONUT CIR.  
WESTON FL 33321 WESTON FL 33326  
US



**REINSTATEMENT** *DO NOT WRITE IN THIS SPACE*

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0783353** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**UZCATEGUI, GASTON**  
**355 COCONUT CIR.**  
**WESTON FL 33326**

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]* DATE **10-10-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00** After SEPTEMBER 13, 2000 Min. will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	DP UZCATEGUI, GASTON 355 COCONUT CIR. WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST UZCATEGUI, JUDITH 355 COCONUT CIR. WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003473121--5</b> <b>-11/21/00--01090--023</b> <b>***750.00 ***750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **10/10/2000** (954) 389 1970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)