

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90036 045 ***150.00

DOCUMENT # P97000076776

1. Entity Name

DOMINION SOFTWARE, INC.

Principal Place of Business

Mailing Address

8249 N.W. 36 STREET
 SUITE 212
 MIAMI FL 33166

8249 N.W. 36 STREET
 SUITE 212
 MIAMI FL 33166

2. Principal Place of Business

18459 Pines Blvd.

3. Mailing Address

18459 Pines Blvd.

Suite, Apt. #, etc.

#339

Suite, Apt. #, etc.

#339

City & State

Pembroke Pines, FL.

City & State

Pembroke Pines, FL.

Zip

33029

Country

Broward

Zip

33029

Country

Broward

6. Name and Address of Current Registered Agent

SMESTER, RAYMOND
8249 NW 36 STREET
SUITE 212
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Raymond Smester**

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

18459 Pines Blvd #339

City **Pembroke Pines**

FL

Zip Code **33029**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2001

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 **PC** ☐ Delete
 NAME **SMESTER, RAYMOND**
 STREET ADDRESS **8343 LAKE DRIVE, K102**
 CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☒ Change ☐ Addition
 NAME **Raymond Smester**
 STREET ADDRESS **18459 Pines Blvd. #339**
 CITY-ST-ZIP **Pembroke Pines, FL. 33029**

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

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

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:

 **Raymond Smester**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/2001

Daytime Phone #

(954) 435-9231

CR2E034 (10/00)