

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P7000095876

1. Entity Name

SOFTQUEST CONSULTING GROUP, INC.

Principal Place of Business

~~4151 NW 97 CT.~~
~~MIAMI, FL. 33183~~

Mailing Address

~~4151 NW 96 CT.~~
~~MIAMI, FL. 33183~~

2. Principal Place of Business

4751 NW 97 CT

Suite, Apt. #, etc.

3. Mailing Address

4751 NW 97 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33183

City & State

MIAMI, FL.

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

65-0752676

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADDAHIAN, HASSAN

~~11936 SW 79 TERR~~

~~MIAMI, FL 33183~~

7. Name and Address of New Registered Agent

Name

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

4751 NW 97 CT.

City

MIAMI, FL.

FL

Zip Code

33183

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)

3-22-00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MADDAHIAN, HASSAN
4751 NW 97 CT
MIAMI, FL. 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90009 026 ***150.00

00090054

DO NOT WRITE IN THIS SPACE