

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90224 032 \*\*\*150.00

**DOCUMENT # P98000025935**

1. Entity Name

**SIMPLESCAN SOFTWARE, INC.**

Principal Place of Business

Mailing Address

1234 SOUTH DIXIE HIGHWAY  
SUITE 201  
MIAMI FL 33146  
US

200 SOUTH BISCAYNE BLVD. #1800  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

260 Grand Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 32 # 458

City & State

City & State

Key Biscayne, FL

4. FEI Number 65-0821551

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

USA

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

**BARTHET, PATRICK C**  
200 SOUTH BISCAYNE BLVD. #1800  
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BARTHET, ALEXANDER E	200 SOUTH BISCAYNE BLVD. #1800	MIAMI FL 33131	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1/9/01

305-984-4933

Date

Daytime Phone #

CR2E034 (10/00)