2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000062719 May 23, 2000 8:00 am Secretary of State SELECT SOFTWARE SYSTEMS, INC. 05-23-2000 90199 006 ***150.00 Mailing Address Principal Place of Business 2123 WEST 76TH STREET 2123 WEST 76TH STREET HIALEAH FL 33016-1892 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business 2125 West 76 Street 2125 West 76 Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2758646 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, HUMBERTO S JR Street Address (P.O. Box Number is Not Acceptable) 10540 SW 123RD ROAD MIAMI FL City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PSTD** ☐ Delete TITLE TITLE NAME RODRIGEZ, HUMBERTO S JR NAME STREET ADDRESS STREET ADDRESS 2123 WEST 76TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Addition ☐ Delete TITLE NAME RODRIGEZ, HUMBERTO S NAME STREET ADDRESS STREET ADDRESS 2123 WEST 76TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.