

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90029 027 ***150.00

C0076246

DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name
System Software Consultants inc.

P98000064060

Principal Place of Business

Mailing Address

*12145 NW 35th Place
 Sunrise, FL- 33323*

*12145, NW 35th Place
 Sunrise, FL- 33323*

2. Principal Place of Business

*12145 NW 35th place
 Suite, Apt. #, etc.*

3. Mailing Address

*12145 NW 35th Place
 Suite, Apt. #, etc.*

City & State

Sunrise FL-

City & State

Sunrise, FL

4. FEI Number

65-0868440.

Applied For

Not Applicable

Zip

33323-

Country

USA

Zip

-33323

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

*Meeta Jain
 12145 NW 35th Place
 Sunrise FL- 33323*

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 *M Jain*

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, 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 *President* ☐ Delete
 NAME *Meeta Jain*
 STREET ADDRESS *12145 NW 35th place*
 CITY-ST-ZIP *Sunrise FL- 33323*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *M Jain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEETA JAIN

4/19/00

Date

954-749-4425

Daytime Phone #

CR2E034 (9/99)