FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 10, 2002 8:00 am Secretary of State			
DOCU	MENT # P980000	64060		Ĩ		02 90036 04		
1. Entity Nar	en Saftware Con	sullarts 1	nc.	Y				
DO NOT WRITE IN THIS SPACE					851459			
2. Principal Place of Business 9528 NW 96 CE: 9528 NW 96 CE:						,	4	
TORO TORO Suile, Apt. #, etc. Suile, Apt. #, etc.			iv i a		DO NOT WRITE IN THIS SPACE			
City & Sta	rentation Fl-	on Fl	4.	4. FEI Number 65 - 086 8440 Not Applied For Not Applicable				
Zip	324 Country USA	Zip 33324	Country		Certificate of Status Desired		Not Applicable 5 Additional	
	327 037	1			ame and Address of Current F	- Fee Re	•	
		Name Meeta Jain						
DO NOT WRITE IN THIS SPACE			ļ	Street Address (P.O. Box Number is Not Acceptable) 95 28 NW 9th ct.				
x.			City	Plant		FL Zip	Code	
8. The above	e named entity submits this statement for t	he purpose of changing it	s registered office or r			ГЦ	Code 33324	
			-		-			
SIGNATURE	Signature, typed or printed name of registered agent and		TE: Registered Agent signature		einstating)	DATE		
 This corport Tax filing (See crite 	May 1 Fee is \$150.0 / 1, Fee is \$550.00 Id UBR Is \$61.25 ble to Department (10. Election Campaign Fina Trust Fund Contribution.		5.00 May Be wided to Fees			
11. TITLE	OFFICERS AND DI	RECTORS	TITLE		· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS	Jain Meeta 9528 NW at Cr.		NAME STREET ADDRESS				34B (12/01)	
CITY-ST-ZIP							lõ –	
title Name			title Name				CR2E	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP				-	
TITLE		, <u>, , , , , , , , , , , , , , , , </u>	TITLE				····	
NAME: STREET ADDRESS	. e	ii - 1	NAME STREET ADDRESS					
CITY-ST-ZIP TITLE			CITY-ST-ZIP	<u> </u>	DO NOT V			
NAME STREET ADDRESS			TITLE NAME		IN THIS S	PACE		
CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
title Name			TITLE NAME					
STREET ADDRESS City+St-Zip			STREET ADDRESS					
TITLE			TITLE			· · · · · · · · · · · · · · · · · · ·	·	
NAME Street address City-st-zip			NAME STREET ADDRESS CITY-ST-ZIP					
13. I hereby c indicated of the cor	ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empow nt with an address, with all other like empc		the exemption stated	in Section * e the same l pter 607, Flo	119.07(3)(i), Florida Statutes. I fi egal effect as if made under oal rida Statutes; and that my name	inther certify that t th; that I am an off appears in Bloc	he information ficer or director k 11 or on an	
SIGNATURE: MEETA JAIN 4/25/02 954,533.5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date							33.5000	
				· · · ·		coyune i ilo		