


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91903 035 \*\*\*150.00


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<b>DOCUMENT #</b> P98000081141	
<b>1. Entity Name</b> INEX SOFTWARE CORPORATION	

<b>Principal Place of Business</b> 8045 NW 36TH ST STE. #502 MIAMI FL 33166 US	<b>Mailing Address</b> 8045 NW 36TH ST STE. #502 MIAMI FL 33166 US
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<b>2. Principal Place of Business</b> 8225 NW 64 ST Suite, Apt. #, etc. DAY #2	<b>3. Mailing Address</b> 8225 NW 64 ST Suite, Apt. #, etc. DAY #2
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<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
<b>Zip</b> 33166 <b>Country</b> USA	<b>Zip</b> 33166 <b>Country</b> USA



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0866168	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DE LELLO RAHME, RICARDO  
14265 SW 75TH TERR  
SUITE A-112  
MIAMI FL 33183

**7. Name and Address of New Registered Agent**

Name RICARDO LELLO RAHME  
Street Address, P.O. Box Number is Not Acceptable 8225 NW 64 ST #2  
City MIAMI FL 33166

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE [Signature] DATE 04.29.03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete DE LELLO RAHME, RICARDO 8045 NW 36TH ST #502 MIAMI FL 33166

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9731 FONTAINE BLVD #205 MIAMI FL 33172

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** [Signature] **SIGNATURE REQUIRED** 04.29.03 305-477-9717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0349/02