

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000081141**

1. Entity Name  
**INEX SOFTWARE CORPORATION**



Principal Place of Business  
8045 NW 36TH ST  
STE. #502  
MIAMI FL 33166  
US

Mailing Address  
8045 NW 36TH ST  
STE. #502  
MIAMI FL 33166  
US

2. Principal Place of Business

3. Mailing Address

*8235 NW 64 ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*BAY #2*

*BAY #2*

City & State

*MIAMI FL*

City & State

*MIAMI FL*

City & State

*MIAMI FL*

4. FEI Number

**65-0866168**

Applied For

Not Applicable

Zip

*33166*

Zip

*33166*

Country

*USA*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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)

*8235 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

*Ricardo Lello Rahme*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*04.29.03*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Ricardo Lello Rahme*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04.29.03 305-477-9717*

Daytime Phone #

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

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

