

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90308 005 ***150.00

DOCUMENT # P98000102944

1. Entity Name

SOFTWARE 4 YOU AMERICA, INC.

Principal Place of Business

Mailing Address

100 N. Biscayne Blvd., 21st Fl. 100 N. Biscayne Blvd., 21st Fl.
New World Tower New World Tower
Miami, FL 33132 Miami, FL 33132

2. Principal Place of Business

1001 Brickell Bay Dr.

3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2112

2112

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33131

USA

Zip

Country

33131

USA

4. FEI Number

65-0880791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUR, THOMAS
100 N. BISCAYNE BLVD., 21ST FLOOR
NEW WORLD TOWER
MIAMI, FL 33132

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	BRINKMANN, HANNS-DIRK	FRAUNHOFEPSTRASSE 18B	
	MARTINSRIED, GERMANY D-821-2			<input checked="" type="checkbox"/> Delete
	PT			
	HOPPE, MICHAEL	100 BISCAYNE BLVD # 2100	MIAMI, FL 33132	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PST	Helmut Gruen	1001 Brickell Bay Dr. # 2112		<input checked="" type="checkbox"/> Addition

CR2E034 (9/99)

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.

Helmut Gruen

4/12/2000

(305) 375-9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #