2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P98000106792 1. Entity Name MICROTECH SOFTWARE SOLUTIONS, INC. 04-18-2001 90024 007 ***150.00 Principal Place of Business Mailing Address 5436 N.E. 21ST TERRACE 5436 N.E. 21ST TERRACE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 641 NW 107 3. Mailing Address NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-2214974 PLANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKETSE MALLYSETTY, VENKATA R 641 NW 1074 AUE. Street Address (P.O. Box Number is Not Acceptable) 5436 N.E. 21ST TERRACE FT. LAUDERDALE FL 33308 PLANTATION, FL 33324 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. PLESIDEAT 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 172001 Fee will be \$550.00 -Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete MALLYSIZTPY, VENKATA R NAME NAME MALLYSETTY, VENKATA R 641 NW 107th AUE. STREET ADDRESS STREET ADDRESS 5436 N.E. 21ST TERRACE CITY-ST-7IP CITY-ST-ZIP PLANTATION, EL-333 FT. LAUDERDALE FL 33308 Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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