## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000032740

SOFTWARE SERVICES & CONSULTING INC

Principal Place of Bu	ısiness	Mailing Address						
MAG NW 66TH PL.		20033 NW 66TH PL. MIAMI FL 33015-2140						
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State	<u> </u>	City & State						
 Zip	Country	Zip	Country					

## **FILED** Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90065 046 \*\*\*150.00



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2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address									
		Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE							
					4. 1	FEI Number 65-0910 9 25	25		oplied For ot Applicable		
Zip Country		Zip	try -	5.	Certificate of Status Desired	7 \$	8.75 Ade				
	6. Name and Address of Current F	legistered Agent	jistered Agent		7. 1	Name and Address of New Regis	ered A	jent_			
	Name										
DOMENECH, ANGEL D 20033 NW 66TH PL MIAMI FL 33015				Street Address (P.O. Box Number is Not Acceptable)							
				City			FL	Zip Cod	e		
	named entity submits this statement for	the purpose of changing its	s register	ed office or regist	tered ag	ent, or both, in the State of Florida.	_	<u> </u>			
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NO	TE: Registere	d Agent signature requi	red when re	einstating)	DATE		<del></del> [		
		000 Fee	IS \$150.00 will be \$550.00 epartment of S		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
11.	OFFICERS AND (	DIRECTORS	12.		AC	DITIONS/CHANGES TO OFFICER	S AND (	DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST DOMENECH, ANGEL D 20033 NW 66TH PL MIAMI FL 33015	☐ Delete		l l				Change	Addition		
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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 aparticless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR