

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90199 025 ***150.00

DOCUMENT # **P99000055818**

1. Entity Name

MANAGEMENT SOFTWARE SOLUTIONS, INC.

Principal Place of Business

**4953 NW 48TH Way
TAMARAC, FL 33319**

Mailing Address

**4953 N.W. 48TH Way
TAMARAC, FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0958780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 re-issuing)

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

APRIL MAY 1, 2001 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 **D** ☐ Delete
NAME **HELLER, WILLIAM H**
STREET ADDRESS **4953 N.W. 48TH Way**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE: **e Heller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01 954-735-4247

DATE

Telephone Number

CR2E034 (11/00)

MANAGEMENT & SOFTWARE SOLUTIONS INC
4953 NW 48TH WAY
FT. LAUDERDALE, FLORIDA
33319

TELEPHONE 954-735-4247
FAX 954-735-5187
PAGER 954-897-1146

attachment
D# 0990055818
80059526

JULY 2, 2001

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

GENTLEMEN:

YESTERDAY JULY 1ST, 2001 I WAS DOING THE BOOKS FOR MY BROTHER'S COMPANY.

I NOTICED THAT I HAVE NOT RECEIVED FORM UBR. I TRIED TO SEE IF I COULD CHECK

IN THE INTERNET THE STATUS OF HIS COMPANY BUT I COULDN'T. I CALLED AT 8AM TODAY,

SPOKE TO MARIE AND EXPLAINED THE SITUATION. SHE SUGGESTED WRITING A LETTER

AND DOWNLOAD THE FORM THROUGH THE INTERNET.

ACCORDING TO MARIE THE FORM WAS MAILED IN JANUARY OF THIS YEAR.

WE DID NOT RECEIVE IT.

I AM ENCLOSING THE EXECUTED UBR ALONG WITH A CHECK.

THANK YOU AGAIN FOR YOUR ASSISTANCE AND COOPERATION,

YOURS TRULY

Maggie M Sainz
MAGGIE SAINZ
4953 N.W. 48TH WAY
TAMARAC, FL 33319