

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**  
 01-24-2000 90081 010 \*\*\*150.00

**DOCUMENT # P99000060023**

1. Entity Name  
**BANCISOFT INTERNATIONAL, CORPORATION**

Principal Place of Business Mailing Address  
**14815 S.W. 50TH TERRACE 14815 S.W. 50TH TERRACE**  
**MIAMI FL 33185 MIAMI FL 33185-4047**

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 **65-0935229** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, DAVID**  
**14815 S.W. 50TH TERRACE**  
**MIAMI FL 33185**

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 \_\_\_\_\_ (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 <b>D</b> <b>MUNOZ, DAVID</b> <b>14815 S.W. 50TH TERRACE</b> <b>MIAMI FL 33185</b>	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D/P</b> <b>MUNOZ, DAVID</b> <b>14815 S.W. 50TH TERRACE</b> <b>MIAMI, FL 33185</b>
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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: DAVID MUNOZ 1/17/00 (305) 205-2355  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-3 E034 (9/99)