

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90836 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000082661

1. Entity Name
SOFTEC SOFTWARE TECHNOLOGY, INC.



Principal Place of Business
16115 N.W. 64TH AVE., APT. 320
MIAMI, FL 33014

Mailing Address
16115 N.W. 64TH AVE., APT. 320
MIAMI, FL 33014

2. Principal Place of Business
4425 SW 160 AVE
Suite, Apt. #, etc.
208

3. Mailing Address
4425 SW 160 AVE
Suite, Apt. #, etc.
208

City & State
MIRAMAR, FL
Zip
33027
Country
USA

City & State
MIRAMAR, FL
Zip
33027
Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0969978
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
PENA, YOHANNY
16115 N.W. 64TH AVE., APT. 320
MIAMI, FL 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW WITH FEES \$160.00
After May 17, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD	PENA, YOHANNY	16115 N.W. 64TH AVE., APT. 320 MIAMI, FL 33014	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yohanny Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2003

Daytime Phone #

CR2E034 (10/02)