

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000083001****1. Entity Name**
NEXT CENTURY SOFT, INC.**Principal Place of Business**

1360 SOUTH OCEAN BLVD., #807

POMPANO BEACH
33062

FL

Mailing Address

1360 SOUTH OCEAN BLVD., #807

POMPANO BEACH
33062

FL

2. Principal Place of Business
1360 SOUTH OCEAN BLVD.**3. Mailing Address**
1360 SOUTH OCEAN BLVD.Suite, Apt. #, etc.
807Suite, Apt. #, etc.
807City & State
POMPANO BEACH

FL

City & State
POMPANO BEACH

FL

Zip
33062

Country

Zip
33062

Country

4. FEI Number**65-0948705**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNAOUKIN VLADISLAV
1360 SOUTH OCEAN BLVD., #807POMPANO BEACH
33062

FL

7. Name and Address of New Registered Agent**Name**

NAOUKIN VLADISLAV

Street Address (P.O. Box Number is Not Acceptable)
1360 SOUTH OCEAN BLVD.

807

City
POMPANO BEACH

FL

Zip Code
33062**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 reinstating)

04/12/2000

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	KLIOUCHENKOVA OLGA	
STREET ADDRESS	1360 SOUTH OCEAN BLVD., #807	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAOUKIN VLADISLAV	
STREET ADDRESS	1360 SOUTH OCEAN BLVD., #807	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:** Naoukin Vladislav

RD 04/12/2000