

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087643

1. Entity Name

LMV SOFTWARE, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90035 013 ***150.00

00016688



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5026 IBIS PLACE COCONUT CREEK FL 33073	Mailing Address 5026 IBIS PLACE COCONUT CREEK FL 33073
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2. Principal Place of Business 5064 N.W. 50TH COURT Suite, Apt. #, etc.	3. Mailing Address 5064 N.W. 50TH COURT Suite, Apt. #, etc.
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City & State COCONUT CREEK, FLORIDA	City & State COCONUT CREEK, FLORIDA
Zip 33073	Country

4. FEI Number 05-0953232 65-0953222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISCHER, MICHAEL 5026 IBIS PLACE COCONUT CREEK FL 33073	
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7. Name and Address of New Registered Agent Name: MICHAEL FISCHER Street Address (P.O. Box Number is Not Acceptable) 5064 N.W. 50TH COURT City: COCONUT CREEK FL Zip Code: 33073	
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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: <i>Michael Fischer, President</i>	DATE: 2/7/01
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, MICHAEL H 5026 IBIS PLACE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL FISCHER 5064 N.W. 50TH COURT COCONUT CREEK, FLORIDA 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD FISCHER, LASZLO 5026 IBIS PLACE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISCHER, VIBEKE 5026 IBIS PLACE COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Michael Fischer, President</i>	DATE: 2/7/01	DAYTIME PHONE #: 954-418-4949
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