## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 20, 2000 8:00 am DOCUMENT # **P99000107433** Secretary of State 1. Entity Name UDESOFT INTERNATIONAL, CORP. 03-20-2000 90032 012 \*\*\*158.75 Principal Place of Business Mailing Address 13633 DEERING BAY DRIVE 13633 DEERING BAY DRIVE SUITE 265 SUITE 265 CORAL GABLES FL 33158 CORAL GABLES EL 33158 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0967285 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 1711960 VARGAS, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 13633 DEERING BAY DRIVE SUITE 265 1308 Suello 10 **CORAL GABLES FL 33158** City 8. The above named entities comits 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) FILE NOW!!! FEE IS \$150.00-9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PSD ☐ Change ☐ Addition TITLE TITLE **7** Delete VARGAS, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS 13633 DEERING BAY DRIVE SUITE 265 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33158 VPTD** Change Addition ☐ Delete TITLE TITLE BUITRAGO, OMAIRA NAME NAME 13633 DEERING BAY DRIVE SUITE 265 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33158 Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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: URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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