

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # S44543****1. Entity Name**
BUSINESSOFT CORPORATION**Principal Place of Business**123 NW 13TH ST
STE. 304 #3
BOCA RATON
33432

FL

US

Mailing Address7040 W. PALMETTO PARK ROAD
UNIT 4, STE 186
BOCA RATON
33433

US

FL

2. Principal Place of Business

123 NW 13TH ST

3. Mailing Address

9557 PARKVIEW AVE

Suite, Apt. #, etc.

STE. 304 #3

Suite, Apt. #, etc.

SUITE 100

City & State

BOCA RATON

FL

City & State

BOCA RATON

FL

Zip
33428**Country**
US**Zip**
33428**Country**
US**4. FEI Number****65-0254746****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 AgentDOBRIN MARCIA
7040 WEST PALMETTO RD
UNIT 4, STE. 186
DEERFIELD BEACH
33433

FL

US

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

SACK ROBERT

Street Address (P.O. Box Number is Not Acceptable)

9557 PARKVIEW AVE

SUITE 100**City**
BOCA RATON**FL****Zip Code**
33428**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 ROBERT SACK, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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**
NAME DOBRIN MARCIA ☐ Delete
STREET ADDRESS
7040 WEST PALMETTO PARK RD, UN 4, STE 186
CITY-ST-ZIP
DEERFIELD BEACH FL 33433**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME SACK ROBERT ☒ Change ☐ Addition
STREET ADDRESS
9557 PARKVIEW AVE
CITY-ST-ZIP
BOCA RATON FL 33428**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Change ☐ Addition
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 ROBERT SACK, PRESIDENT****04/27/2000**