

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90055 022 \*\*\*150.00

**DOCUMENT # P97000057353**

1. Entity Name

**INBS DATA SERVICES, INC.**

Principal Place of Business

Mailing Address

**11900 BISCAYNE BLVD STE 200  
 #503  
 MIAMI FL 33181**

**11900 BISCAYNE BLVD STE 200  
 #503  
 MIAMI FL 33181-2756**

00070010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0766656**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, LINDA M  
 11900 BISCAYNE BLVD STE 200  
 MIAMI FL 33181**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD KOCH, ROGER L**  
 STREET ADDRESS **2137 HIBISCUS CIR**  
 CITY-ST-ZIP **NO MIAMI FL 33181**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD TRIPODO, ANTHONY J**  
 STREET ADDRESS **1131 NE 97 STREET**  
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1225 NE 95 Street**  
 CITY-ST-ZIP **Miami, FL 33138**

TITLE  Delete  
 NAME **D CHISHOLM, JOHN**  
 STREET ADDRESS **850 NE 123 STREET**  
 CITY-ST-ZIP **NO MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GLEITSMANN, ROBERT J**  
 STREET ADDRESS **1801 S TREASURE DR #302**  
 CITY-ST-ZIP **NO BAY VILLAGE FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MOUSSA, GEORGE**  
 STREET ADDRESS **520 NW 60TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **13001 S. Calusa Club Drive**  
 CITY-ST-ZIP **Miami, Fl 33186**

TITLE  Delete  
 NAME **AS SMITH, ESQ LINDA M**  
 STREET ADDRESS **11900 BISCAYNE BLVD, STE 200**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE  Change  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)(l), 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: Roger L Koch, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/20/00 (305)893-5997**

Date

Daytime Phone #

CFR2E034 (9/99)