

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90103 001 \*\*\*750.00

**88400**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000004801  
**1. Entity Name**  
 Merchant Data Networks, Inc. ✓

**Principal Place of Business**  
 17701 Biscayne Boulevard  
 Third Floor  
 Aventura, FL 33160

**Mailing Address**  
 17701 Biscayne Blvd.  
 Third Floor  
 Aventura, FL 33160

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**  
 65-1009522

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Nemser & Wolis, P.A.  
 18999 Biscayne Boulevard  
 North Miami Beach, FL 33180

**7. Name and Address of New Registered Agent**  
 Name: Arie Kachler  
 Street Address (P.O. Box Number is Not Acceptable):  
 17701 Biscayne Blvd., Third Floor  
 City: Aventura FL Zip Code: 33160

**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** Arie Kachler      **DATE** 4/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	Fuhrman, Dan	
STREET ADDRESS	17701 Biscayne Blvd., 3rd FL	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P & D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pospischel, Gustavo	
STREET ADDRESS	17701 Biscayne Blvd., 3rd Floor	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Gustavo Pospischel      **DATE** 4/11/01      **Daytime Phone #** 305-931-7270

CR2E034 (11/00)