

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90002 017 ***158.75

DOCUMENT # 799000049304
1. Entity Name
ADVANCED CONSULTING MICRODATA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>12555 ORANGE DR.</u> Suite, Apt. #, etc. <u>SUITE 103</u>	3. Mailing Address <u>12555 ORANGE DR.</u> Suite, Apt. #, etc. <u>SUITE 103</u>
City & State <u>DAVIE, FL</u>	City & State <u>DAVIE, FL</u>

DO NOT WRITE IN THIS SPACE

Zip <u>33330</u>	Country <u>BROWARD</u>	Zip <u>33330</u>	Country <u>BROWARD</u>
---------------------	---------------------------	---------------------	---------------------------

4. FEI Number <u>650928518</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
-----------------------------------	---

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>ANTONIO MORENO</u>
Street Address (P.O. Box Number is Not Acceptable) <u>12555 ORANGE DR. SUITE 103</u>
City <u>DAVIE, FL</u> Zip Code <u>33330</u>

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] 01/09/02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ANTONIO MORENO</u> <u>12555 ORANGE DR. SUITE 103</u> <u>DAVIE, FL 33330</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>FERNANDO LOGGIA</u> <u>12555 ORANGE DR. SUITE 103</u> <u>DAVIE, FL 33330</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 01/09/02 (954) 476-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #