

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90029 006 \*\*\*158.75



**DOCUMENT # P99000049304**  
1. Entity Name  
**ADVANCED CONSULTING MICRODATA CORP.**

Principal Place of Business  
**12555 ORANGE DR  
SUITE 103  
DAVIE FL 33330**

Mailing Address  
**12555 ORANGE DR  
SUITE 103  
DAVIE FL 33330**



2. Principal Place of Business  
**12515 ORANGE DR**

3. Mailing Address  
**12515 ORANGE DR.**

Suite, Apt. #, etc.  
**SUITE 810**

Suite, Apt. #, etc.  
**SUITE 810**

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

Zip  
**33330**

Country  
**USA**

Zip  
**33330**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0928518** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MORENO, ANTONIO  
12555 ORANGE DR  
SUITE 103  
DAVIE FL 33330**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **ANTONIO MORENO - PRESIDENT** **01/03/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MORENO, ANTONIO</b> <b>12555 ORANGE DR SUITE 103</b> <b>DAVIE FL 33330</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGGIA, FERINANDO</b> <b>12555 ORANGE DR SUITE 103</b> <b>DAVIE FL 33330</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANTONIO MORENO</b> <b>12515 ORANGE DR. STE 810</b> <b>DAVIE, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FERDINANDO LOGGIA</b> <b>12515 ORANGE DR. STE 810</b> <b>DAVIE, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALEXANDER, BARANYA</b> <b>12515 ORANGE DR. STE 810</b> <b>DAVIE, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED ANTONIO MORENO - PRESIDENT** **01/03/03** **954-476-6111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)