

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90032 039 \*\*\*150.00

DOCUMENT # 999000090708 999000090708  
 1. Entity Name  
NEXTEL DATA SOLUTIONS CORP.

Principal Place of Business Mailing Address  
300 Sevilla Suite 209 (SAME)  
Coconut Gables FL  
33134

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 05-0954447 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 Agent  
Ragan Gantt, CPA  
8220 Sunset Drive  
Miami, FL 33143

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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<br><u>President</u><br><u>(DAVID SOTOLONOGU)</u>                                   | <input type="checkbox"/> Delete |
| NAME<br><u>10826 SW. 89th Terrace.</u><br><u>Miami, FL 33176</u>                         |                                 |
| TITLE<br><u>Vice-President</u>   | <input type="checkbox"/> Delete |
| NAME<br><u>9741 SW. 119th Street</u><br><u>Miami, FL 33176</u><br><u>(NICK KATSARAS)</u> |                                 |
| TITLE<br><u>Treasurer</u><br><u>(D. SCOTT KATSARAS)</u>                                  | <input type="checkbox"/> Delete |
| NAME<br><u>1250 West Ave. Apt. 9-D</u><br><u>Miami, FL 33139</u>                         |                                 |
| 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          | <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: [Signature] 4-3-00 (305) 442-9550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)