## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V50140** May 04, 2000 8:00 am Secretary of State MARK DATA COMMUNICATIONS, INC. 05-04-2000 90228 001 \*\*\*150.00 Mailing Address Principal Place of Business 1299 SE 7TH AVE #207 1299 SE 7TH AVE DANIA FL 33004-4688 SUITE 207 MARTIO DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 258 N.W 72 AVE 2858 N.W 72 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0346500 Not Applicable MIAMI FL MIAMI FL Country Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 33122 Fee Required 33122 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYANT, BERNARD Street Address (P.O. Box Number is Not Acceptable) 847 NW 119TH ST. **SUITE 205 MIAMI FL 33168** Zip Code FL 2. 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS Addition **DPS** ☐ Defete TITLE TITLE CORREIA, AMANDA MARY S. NAME NAME CORREIA, AMANDA MARY S. 2858 N.W 72 AVE STREET ADDRESS STREET ADDRESS 1299 SE 7TH AVE #207 CITY-ST-7IP MIAMI FL, 33122 CITY-ST-ZIP DANIA FL 33004 Addition K Change ☐ Delete TITLE CORREIA, JOAO GILBERTO CORREIA, JOAO GILBERTO NAME 2858 N.W 72 AVE STREET ADDRESS 1299 SE 7TH AVE #207 STREET ADDRESS MIAMI FL, 33122<sup>2</sup> CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Detete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ¹hme STREET ADDRESS FIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the description of the receiver of the description of the corporation or the receiver of the description of the corporation or the receiver of the description of the corporation or the receiver of the description of the corporation or the receiver of the description of the corporation of the corporation or the receiver of the description of the corporation or the receiver of the description of the corporation of the corporation or the receiver of the description of the corporation of the cor

changed, or on an attachment with ddress, with all other like empowered. SIGNATURE: 🗘

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #