

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 09, 2000 08:00 AM
Secretary of State

DOCUMENT # N93000001350

1. Entity Name

SOUTHEAST FLORIDA DATABASE DEVELOPERS GROUP, INC.

Principal Place of Business

13754 SW 106 TERR

MIAMI
33186

FL

US

Mailing Address

13754 SW 106 TERR

MIAMI
33186

US

FL

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

65-0431761

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

VERONA FRANK
10201 SW 111 ST

MIAMI
33186

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

08/09/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME BOSSINGER SEAN
STREET ADDRESS 1301-G S FRANKLIN AVE
CITY-ST-ZIP HOMESTEAD FL 33034

TITLE TD ☐ Delete
NAME GARCIA HECTOR
STREET ADDRESS 1755 WASHINGTON AVE #34
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE VPD ☐ Delete
NAME VARONA FRANK
STREET ADDRESS 10201 SW 111 ST
CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☐ Delete
NAME PENA LEONARDO
STREET ADDRESS 13754 SW 106 TERR
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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.

LAZ SANCHEZ TD
6850 SW 48 STREET

MIAMI, FL 33155