2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698064

1. Entity Name

DATA SYSTEMS MAINTENANCE INCORPORATED

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 044 ***550.00

H00074007

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1714 SW 57TH AVE MIAMI FL 33155	1714 SW 57TH AVE MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
127 Tequesta ST	127 Tequesta St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavernier FL	City & State: Tavernier, FL
Zip: 33070 Country: USA	Zip: 33070 Country: USA

4. FEI Number 59-2133627 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MESSINA, PAUL V ~~13345 SW 83RD CT~~ 127 Tequesta St ~~MIAMI FL 33156~~ Tavernier, FL 33070	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) DATE

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINA, PAUL V. 127 TEQUESTA ST TAVERNIER FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED — 8/15/00 — 305-852-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)