

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90127 006 ***150.00

DOCUMENT # F95000001528

1. Entity Name
DATAMAX BUSINESS RESEARCH, INC.



Principal Place of Business
2541 HAYES STREET
HOLLYWOOD FL 33020
US

Mailing Address
2541 HAYES STREET
HOLLYWOOD FL 33020
US

2. Principal Place of Business

1727 LEE ST.

3. Mailing Address

1727 LEE ST.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

22

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number

65-0562268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LECLAIRE, DANIEL
4720 SW 62ND WAY
SUITE 203
FT LAUDERDALE FL 33314-4463

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, 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 **P** ☐ **Delete**
NAME **LECLAIRE, DANIEL**
STREET ADDRESS **2541 HAYES STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **1727 LEE ST. #22** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **HOLLYWOOD, FL 33020**
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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NAME
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 24, 2003 (954) 920-3433

Date

Daytime Phone #

CR2E034 (10/02)