

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001067

1. Entity Name
DATA INTERNATIONAL OF NORTH AMERICA, L.L.C.

FILED

01 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~2250 WESTBOURNE DRIVE~~
~~OVIEDO FL 32765~~

Mailing Address

2250 WESTBOURNE DRIVE
OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 Quadrangle Blvd
Suite, Apt. #, etc.
Suite 195

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

Zip
32817

Country
USA

Zip

Country

4. FEI Number

59-3621296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BOGLE & SCHULMAN, P.A.~~
~~700 TURNBULL AVE., SUITE 203~~
~~ALTAMONTE SPRINGS FL 32701~~

7. Name and Address of New Registered Agent

Name

Khaled R. Khuda

Street Address (P.O. Box Number is Not Acceptable)

2250 Westbourne Drive

City

Oviedo

FL

Zip Code

32765

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 KHALED R. KHUDA

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004274995--7
-05/21/01--01190--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KHUDA, KHALED R
2250 WESTBOURNE DRIVE
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DATA INTERNATIONAL CO., LTD.
5FL NO. 25 LANE 169 KANG NING
HSIEN, TAIWAN R.O.C. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE KHALED R. KHUDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/01

407-346-6128

Date

Daytime Phone #

0004923 AF

CR2E083 (11/00)