

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007911

1. Entity Name

~~ALLEN, LLC~~

HALCYON DATACORP (UK) LLC

Principal Place of Business

1591 E ATLANTIC BLVD
SUITE 200
POMPANO BEACH FL 33060

Mailing Address

1591 E ATLANTIC BLVD
SUITE 200
POMPANO BEACH FL 33060

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

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLTON MANAGEMENT, INC.
1591 E ATLANTIC BLVD
SUITE 200
POMPANO BEACH FL 33060

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

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

700004138557--9
-05/07/01--01012--021
2100.00 **50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete
MGR SMITH, SHARON
STREET ADDRESS THE VALLEY PO BOX 2
CITY-ST-ZIP ANGUILLA BRITISH WEST INDIES

TITLE NAME ☐ Change ☒ Addition
MGRM HARRY ALBERT DEANS
STREET ADDRESS 6/F Lan Kwai Fong
CITY-ST-ZIP Central, Hong Kong

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
MGRM LUISA CROOC
STREET ADDRESS Belvedere Gardens - 6th Fl, Flat H
CITY-ST-ZIP Block 6, Phase 3 Tsuen Wan

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP New Territories, Hong Kong

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE

4/24/01

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

Date

Daytime Phone #

0007516 AF

CR2E083 (11/00)

FILED

01 APR 25 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE