

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90119 036 \*\*\*\*50.00

0032578

**DOCUMENT # M00000001001**

1. Entity Name  
**DATALOOM, LLC**

Principal Place of Business <b>1204 N. UNIVERSITY DR.          PLANTATION FL 33322</b>	Mailing Address <b>1204 N. UNIVERSITY DR.          PLANTATION FL 33322</b>
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2. Principal Place of Business <b>13680 NW 5th Street</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Sunrise, FL</b>	3. Mailing Address <b>13680 NW 5th Street</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Sunrise FL</b>
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DO NOT WRITE IN THIS SPACE

Zip <b>33325</b>	Country <b>USA</b>	Zip <b>33325</b>	Country <b>USA</b>
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4. FEI Number <b>65-0990694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERMAN, NEIL**  
**1218 N. UNIVERSITY DR.**  
**PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **Natkow, Neil A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13680 NW 5th Street**  
**Suite 100**  
 City **Sunrise** FL Zip Code **33325**

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 *Neil A. Natkow* DATE **4/4/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>NATKOW, NEIL N</b> <b>1204 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>COLLINS, KEITH</b> <b>1204 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BERMAN, NEIL</b> <b>1204 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUTLER, KATHY</b> <b>1204 N. UNIVERSITY DRIVE</b> <b>PLANTATION FL 33322</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jackson, Kathy B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Neil A. Natkow* DATE: **4/4/02** (954) 475-0707

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Daytime Phone #

CR2E083 (9/01)