2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34890

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # M34890 1. Entity Name					Apr 20, 2001 8:00 am Secretary of State			
LANDTE	CH DATA CORPORATION				04-20-2001 90192			
Principal Place of Business Mailing Address								
C/O WYATT BELL 1402 ROYAL PALM BCH BLVD. BLDG 200 ROYAL PALM BEACH FL 33411 US		C/O WYATT BELL 1402 ROYAL PALM BCH BLVD. BLDG 200 ROYAL PALM BEACH FL 33411 US				a (4 (8 (4) 8) a (8)	i Gible Leby	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2737594		plied For t Applicable	
Zip	Country	Country	5.,	5., Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered	Agent		
1402	., WYATT ? ROYAL PALM BEACH BLVD DING #200		Street Addre	ss (P.O.	Box Number is Not Acceptable)			
ROY	AL PALM BEACH FL 33411		City		FI	Zip Code	e	
8. The above	named entity submits this statement for	or the purpose of changing its rec	gistered office or reg	istered a	gent, or both, in the State of Florida.	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature rec	uired when	reinstating) DATE		}	
			 	1	1			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ļΑ	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	IN 11	
TITLE	PD	☐ Delete	TITLE	1		Change	☐ Addition	
NAME	BELL, WYATT		NAME				[]	
THE NOTAL FALM DEADLE BEED, WEDD			STREET ADDRESS	1			ľ	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition (
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP-		.	STREET ADDRESS _ CITY-ST-ZIP					
TITLE		□ Delete	TITLE	1.	<u>-</u>	Change	Addition	
NAME		: Delete	NAME	Ï		∟ onenge	T VOUITOU	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: _

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Delete

Change

Change

Addition

☐ Addition