

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90356 016 \*\*\*150.00

0220324 AV

**DOCUMENT # P00000028387**

1. Entity Name

KNOWLEDGE DATA SYSTEMS, INC.



Principal Place of Business  
255 EAST FLAGLER STREET  
THIRD FLOOR  
MIAMI FL 33131

Mailing Address  
255 EAST FLAGLER STREET  
THIRD FLOOR  
MIAMI FL 33131

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

65-0992379

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

7. Name and Address of New Registered Agent

OLANO, NICHOLAS  
255 EAST FLAGLER STREET  
THIRD FLOOR  
MIAMI FL 33131

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: S  
NAME: LOPEZ, JUAN G  
STREET ADDRESS: 13499 BISCAYNE BLVD #1707  
CITY-ST-ZIP: MIAMI FL 33181 ☒ Delete

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

TITLE: DP  
NAME: OLANO, NICOLAS  
STREET ADDRESS: 1172 SOUTH DIXIE HIGHWAY  
CITY-ST-ZIP: CORAL GABLES FL 33146 ☐ Delete

TITLE: DPS  
NAME: OLANO NICOLAS  
STREET ADDRESS: 1172 South Dixie Hwy, suite 467  
CITY-ST-ZIP: Coral Gables, FL 33146 ☒ Change ☐ Addition

TITLE: DVP  
NAME: GAUBETTI, WILLIAM  
STREET ADDRESS: 1172 SOUTH DIXIE HIGHWAY  
CITY-ST-ZIP: CORAL GABLES FL 33146 ☐ Delete

TITLE: DVPT  
NAME: GAMBETTI WILLIAM  
STREET ADDRESS: 1172 South Dixie Hwy, suite 467  
CITY-ST-ZIP: Coral Gables, FL 33146 ☒ Change ☐ Addition

TITLE: VP  
NAME: GAMBETT, IGINIO  
STREET ADDRESS: 1172 S DIXIE HIGHWAY  
CITY-ST-ZIP: CORAL GABLES FL 33146 ☐ Delete

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

TITLE: T  
NAME: DE LOS RIOS, HERNAN  
STREET ADDRESS: 3740 SOLANO ROAD  
CITY-ST-ZIP: MIAMI FL 33133 ☒ Delete

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03

Date

305 377 8838

Daytime Phone #

CR2E034 (10/02)