

# 2002 UNIFORM BUSINESS REPORT (UBR)

1062  
10/2

DOCUMENT # P00000033153

1. Entity Name  
DATA SYSTEMS GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 18 PM 11:01

Principal Place of Business

349 GREEN ASH LN  
SANFORD FL 32771

Mailing Address

~~118 WEST ORANGE STREET~~  
~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business

3. Mailing Address

349 Green Ash Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

Country

32771

USA

4. FEI Number 59-3632583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

S. ASENJO, ANTHONY  
349 GREEN ASH LN  
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ASENJO, S. ANTHONY 349 GREEN ASH LN SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SOSA, JESSICA L 349 GREEN ASH LN SANFORD FL 32771	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200008081942--6 -03/27/02--01065--019 ****150.00 ****150.00	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 4073288128

CR2E034(4/02)

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**DATA SYSTEMS GROUP, INC.**  
**349 GREEN ASH LANE – SANFORD, FL 32771**

September 12, 2002

Division of Corporations –  
Reinstatement Division  
Attn: Andy Dunlap  
P O Box 6327  
Tallahassee, FL 32314

RE: Data Systems Group, Inc.  
P00000033153

Dear Mr. Dunlap:

I am writing to state that I just received my company's, Data Systems Group, Inc., renewal Uniform Business Report for 2002. The wrong address had been originally assigned as the mailing address and the first notice was never forwarded to me. I have just received the second notice and am enclosing it with this letter. Please find enclosed the Uniform Business Report for 2002 and a check for \$150.00 to take care of this matter.

Thank you for your help in resolving this matter.

Very Truly Yours,  
Data Systems Group, Inc.

S Anthony Asenjo,  
President

SEP-18-02 WED 11:46 AM

P. 12 *cl*


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FILED

02 SEP 18 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> K53267					
1. Corporation Name <b>Rowan, Inc.</b>					
2. Principal Office Address <b>5900 NW 2nd Ave.</b>			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State		
Zip <b>33137</b>	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number <b>65-0092632</b>	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

*01-02* *nm*

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>Abel Hussein</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>47 NW 79 STREET</b>	
Suite, Apt. #, Etc.	
City <b>Miami</b>	State <b>FL</b>
Zip Code <b>33150</b>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0603, F.S.

Signature of Registered Agent **Abel Hussein** *by attorney in fact* Date **9/18/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Abel Hussein	47 NW 79 STREET	Miami, FL 33150

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Abel Hussein** *by attorney in fact* **9/18/02** **305-299-5164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

H03000199775

SEP-18-02 WED 11:46 AM

Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 205-0384

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

**CORPORATION REINSTATEMENT**

**ROWAN, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75