2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
	<b>WITH WITH</b>			. •

DOCH	MENT # P00000	047581		10-	<del>-,</del>					6
1. Entity Name DIRECT2DATA TECHNOLOGIES, INC.						ing the state of t		à		
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L		·				FILEC	)			
Principal Place of Business Mailing Address						01 FEB 22 Pt	1:40			
9200 S. DADEL	ORPORATE SERVICES, INC. AND BLVD. STE, 508	C/O UNITED CORPORATE 9200 S. DADELAND BLVD				,				
MIAMI FL 33156	6	MIAMI FL 33156				SEGRETARY OF	LORIDA			
2 Principal P	Place of Rusiness	3. Mailing Address								
2. Principal Place of Business		3. Walling Address				<b>Busin ac</b> els <b>b</b> ibli	DADE  UKUU   D			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. 1	FEI Number		<del></del>	oplied For		
Zip	Country	Zip	Coun	try	5. (	Certificate of Status Desired		8.75 Add	ditional	7
	6. Name and Address of Current	t Registered Agent				Name and Address of New I	F	ee Require	ed	-
				Name					····	7
	'ED CORPORATE SERVICES, INC. UNITED CORPORATE SERVICES,			Street Ac	Idress (P.O. E	Box Number is Not Acceptable	e)		<del></del> -	
9200	S. DADELAND BLVD, STE. 508			<del> </del>		<del></del>	· <del>····</del>		<del>-</del>	1
MIAN	Al FL 33156			City			FL	Zip Cod	le	1
8 The above	named entity submits this statement for	or the ourpose of changing it	ts registers	ed office or	registered ag	ent or both in the State of FI		L		-
	,				9 9					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registere	d Agent signatur	re required when re	ainstating)	DATE			
9. This corpo	pration is eligible to satisfy its Intangible	e FILE NOW	/!!! FEE	IS \$150.0	10	40.50				1
Tax filing requirement and elects to do so. After MAY 1, 200		2001 Fee	will be \$5	50.00	10. Election Campaign Fin Trust Fund Contribution			May Be to Fees		
11.	OFFICERS AND	Make Check Paya	12.	:partificiti		DITIONS/CHANGES TO OFF	ICERS AND E	DIRECTOR	S IN 11	$\dashv$
TITLE	D	☐ Delete	TITLE					Change	Addition	00/
NAME **; STREET ADDRESS	FISCHETTI, MARIA R 10 BANK ST		NAMI STRE	ET ADDRESS					_	¥
CITY-ST-ZIP	WHITE PLAINS NY 10606	<u>-</u>	CITY	ST-ZIP····	and the way	800003	7826 <del>7010</del> 1			R2E034 (10/00)
TITLE NAME	D   Gilhooley, Robert F	☐ Delete	TITLE			****	ŚŎ.OOĞ	* Change *★**** 】	50.00	8
STREET ADDRESS	10 BANK ST			ET ADDRESS						
CITY-ST-ZIP	WHITE PLAINS NY 10606	Delete	TITLE	ST-ZIP	<u>-</u>	<del></del>		Change	Addition	-
NAME		□ Delete	NAME	:			<u> </u>	ondingo		
STREET ADDRESS : CITY-ST-ZIP				ET ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	-
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP				·—		
TITLE NAME		☐ Delete	TITLE NAME	ı			[	Change	Addition	
STREET ADDRESS			STREE	ET ADORESS						
CITY-ST-ZIP		P3 p		ST-ZIP					- Addition	1
TITLE NAME		Delete	TITLE NAME			•	L	_ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		70 I				
13. I hereby c	ertify that the information supplied with	h this filing does not qualify fo	or the exer	notion state	ed in Section	119.07(3)(i), Florida Statutes.	further certify	that the ir	nformation	1
indicated of the corp changed	on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with ay address,	s true and acourate and that owered to execute this repor- with all other like ampowers	my signat t as requir	ure shall ha ed by Char	ve the same I nter 607, Florid	legal effect as if made under da Statutes; and that my nam	path; that I am e appears in E	an officer Block 11 or	or director Block 12 if	{
	/ DAMAN	To I I I I I I I	10			2/2/2	0.11	9 XG _	9, CP	
SIGNAT	UHE: SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR		/ <i>L</i> // <i>200</i> / Oate	7/ 9 - Dayt	ime Phone #	1188	