2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000050208 DOCUMENT # 1. Entity Name 03-31-2003 90128 039 ***150.00 DATA POS INC. Principal Place of Business Mailing Address 16381 NW 13TH STREET 16381 NW 13TH STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business ISB4I PINES BLVD 3. Mailing Address 15841 PINES BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 163 City & State City & State 4. FEI Number Applied For EMBROKE PINES 65-1015676 PEMBROKE Not Applicable Country **\$8.75** Additional --5.-Certificate of Status Desired --- 🗀 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORRES, GISELA NANSON ESQ Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60TH AVNUE SUITE 215 MIAMI LAKES FL 33014 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition CRISTINA D. RODRIGUEZ RODRIGUEZ, MARIA ANGELICA NAME NAMÉ 16381 N.W. 13th STREET **16381 NW 13TH STREET** STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 3302B PEMBROKE PINES FL 33028 CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

954-450-5054

changed, or on an attachment with an address, with all of

SIGNATURE:

FILED