

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106814

1. Entity Name

R.S.P. DATA, INC.

Principal Place of Business

Mailing Address

190 S STATE RD 7
HOLLYWOOD FL 33023

190 S STATE RD 7
HOLLYWOOD FL 33023

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARVEZ, MOHAMMED
190 S STATE RD 7
HOLLYWOOD FL 33023

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.

SIGNATURE

M. Parvez
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/01
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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *P/HOSSAIN MOHAMMED* ☐ Delete
STREET ADDRESS *SHAKHAWAT*
CITY-ST-ZIP *190 S. SR-7, HOLLYWOOD FL- 33023*

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

TITLE NAME *S/SHEIKS FARID BHUIYAN* ☐ Delete
STREET ADDRESS *190 S SR-7*
CITY-ST-ZIP *HOLLYWOOD, FL- 33023*

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

TITLE NAME *D/SAIMA AKTER* ☐ Delete
STREET ADDRESS *190 S SR-7*
CITY-ST-ZIP *HOLLYWOOD, FL- 33023*

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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, in all other like empowered.

SIGNATURE:

M. Parvez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 033 ***150.00

769368



DO NOT WRITE IN THIS SPACE

0106346

CR2E034 (10/00)

4/20/01
Date

984-1316
Daytime Phone #