

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106814

1. Entity Name
R.S.P. DATA, INC.

FILED

02 APR 15 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

180 S STATE RD 7
HOLLYWOOD FL 33023

Mailing Address

180 S STATE RD 7
HOLLYWOOD FL 33023

2. Principal Place of Business

911 EAST OAKLAND

3. Mailing Address

911 EAST OAKLAND

Suite, Apt. #, etc.

PARK BLVD

Suite, Apt. #, etc.

PARK BLVD

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33334

Country

U.S.A

Zip

33334

Country

U.S.A

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARVEZ, MOHAMMED

190 S STATE RD 7

HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name PARVEZ, MOHAMMED

Street Address (P.O. Box Number is Not Acceptable) 911 EAST

OAKLAND PARK BLVD

City OAKLAND PARK

FL

Zip Code 33334

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

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 \$150.00

After May 1, 2002 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

TITLE P
NAME SHAKHAWAR, HOSSAIN M
STREET ADDRESS 190 S STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE S
NAME SHEKS, FARID B
STREET ADDRESS 190 S STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT
NAME MOHAMMED PARVEZ
STREET ADDRESS 911 EAST OAKLAND PARK BLVD, FL-33334 ☐ Change ☒ Addition

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

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

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

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

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

Signed and Sealed

01-24-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2 of 2

Department of the Treasury
Internal Revenue Service

HOLTSVILLE, NY 11742

In reply refer to: 0134055886
Mar. 27, 2002 LTR 147C
02-0563486 000000 00 000
00656

R S P DATA INC
911 E OAKLAND PARK BLVD
OAKLAND PARK FL 33334

Employer Identification Number: 02-0563486
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Mar. 18, 2002.

If you have not already filed your Form 2553, we are enclosing one for your convenience.

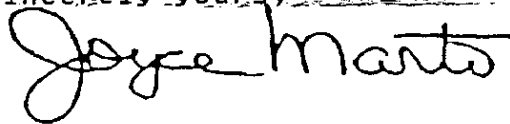
If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,



Joyce Marto, Dept. Manager
EIN 1

Enclosure(s):
Copy of this letter
Envelope
Form 2553