## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 14, 2002 8:00 am Secretary of State P01000038030 DOCUMENT # 1. Entity Name 05-14-2002 90053 003 \*\*\*158.75 DATACOM TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5260 NW 55TH BLVD STE 308 5260 NW 55TH BLVD STE 308 COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUGO, JUAN R Street Address (P.O. Box Number is Not Acceptable) 5260 NW 55TH BLVD STE 308 **COCONUT CREEK FL 33073** Zip Code City ourpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE <del>DP</del>-☐ Delete TITLE ☐ Change NAME LUGO, JUAN R NAME 5260 NW 55TH BLVD STE 308 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT DVST Change ☐ Addition ☐ Delete TITLE NAME BRETON, YUDELKA I NAME STREET ADDRESS 5260 NW 55TH BLVD STE 308 STREET ADDRESS CITY-ST-7IPC CITY-ST-ZIP COCONUT CREEK FL 33073 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE .... Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 provide 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 attachmer

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