

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90364 007 ***150.00

DOCUMENT # P01000053177

1. Entity Name

MOBILEDATA SYSTEMS CORPORATION

Principal Place of Business

1635 NE MIAMI GARDENS DRIVE, SUITE 234
 NORTH MIAMI BEACH FL 33179

Mailing Address

1635 NE MIAMI GARDENS DRIVE, SUITE 234
 NORTH MIAMI BEACH FL 33179

37557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1109360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.
 SUITE A-108
 4300 N. UNIVERSITY DRIVE
 FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name

Edgar SUAREZ

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

SUITE 234

1635 N.E. MIAMI GARDENS DR

City

North Miami Beach

FL

Zip Code

33179

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

Edgar Suarez

Edgar Suarez

6/24/02

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 PD
 NAME SUAREZ, EDGAR
 STREET ADDRESS 1635 NE MIAMI GARDENS DRIVE, SUITE 234
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Edgar Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (954) 389-0733

Date Daytime Phone #

CR2E034 (9/01)