

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90202 031 ***158.75

DOCUMENT # P02000018699

1. Entity Name
US DATA INTERNATIONAL DEVELOPMENT, INC



Principal Place of Business

~~7920 NW 166 STREET~~

MIAMI FL 33016

Mailing Address

7920 NW 166 STREET

MIAMI FL 33016

10005721



2. Principal Place of Business

2655 Le Jeune Rd

Suite, Apt. #, etc.

Suite # 700

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

2655 Le Jeune Rd

Suite, Apt. #, etc.

Suite # 700

City & State

Coral Gables, FL

Zip

33134

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0636947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, M. MARIO

7920 NW 166 STREET

MIAMI FL 33016

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PEREZ, M.MARIO**
STREET ADDRESS **7920 NW 166TH STREET**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE **SVD** ☐ Delete
NAME **TAPIA, DAISY**
STREET ADDRESS **7920 NW 166TH STREET**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF MARIO PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/03

Daytime Phone #

305-777-0500

CR2E034 (10/02)