## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## FILED Jul 18, 2000 8:00 am Secretary of State **DOCUMENT # P37485** 1. Entity Name DATA INDUSTRIES, LTD., INC. 07-18-2000 90013 021 \*\*\*550.00 Mailing Address Principal Place of Business 6075 SUNSET DRIVE, SUITE 203 6075 SUNSET DRIVE. SUITE 203 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Softe, Apt. #, etc. Damo Samo City & State City & State 4. FEI Number Applied For 13-3195477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent faizen \_Phil RAIFAIZEN, PHILIP Street Address (P.O. Box Number is Not Acc 6075 SUNSET DRIVE, SUITE #103 SO. MIAMI FL 33143 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE DUVAL, Charles NAME NAME **DUVAL, CHARLES** 100 wallstreet STREET ADDRESS STREET ADDRESS 100 WALL ST., INTH FLOOR New York, MY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Delete Change ☐ Addition TITLE TITLE NAME RAI BIZEN , YALL NAME RAIFAIZEN, PAUL STREET ADDRESS STREET ADDRESS 100 WALL ST., INTH FLPPR CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change Addition ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP flied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 teelers between the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplement