FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90001 017 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37485

1. Entity Name

DATA INDUSTRIES, LTD

DO NOT WRITE IN THIS SPACE

16561

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6075 Sunset Drive		6075 Sunset Drive	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Miami, FL		City & State Miami, FL	
Zip 33143	Country US	Zip 33143	Country US

4. FEI Number 13-3195477 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Raifaixen, Philip J.

Street Address (P.O. Box Number is Not Acceptable): 6075 Sunset Drive Suite 203

Miami, FL

City — FL — Zip Code 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.

SIGNATURE: x Philip J. Raifaizen — 01/10/02

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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PT	TITLE	
NAME	Duval, Charles	NAME	
STREET ADDRESS	6075 Sunset Drive, Suite 203	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Raipaixen, Paul	NAME	
STREET ADDRESS	6075 Sunset Drive, Suite 203	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33143	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Philip R. Raifaizen — 01/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #