

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000006925**1. Entity Name  
**NETWORK DATA SERVICES, INC.**

Principal Place of Business	Mailing Address
4901 SW 74TH CT	4901 SW 74TH CT
MIAMI FL	SUITE 206
33155 US	MIAMI BEACH FL
	33141 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4901 SW 74TH CT
City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33155	US	33155	US

4. FEI Number  
**65-0384463**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BRUGUERA ROBERT A**  
4901 SW 74TH CT  
  
MIAMI BEACH FL  
33141 US**7. Name and Address of New Registered Agent**Name  
**MAVARES JUVENAL EPRESIDE**  
Street Address (P.O. Box Number is Not Acceptable)  
4901 SW 74TH CT  
  
City  
MIAMI FL Zip Code  
33155

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 **JUVENAL MAVARES****01/31/2001**

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	MAVARES JUVENAL	
STREET ADDRESS	14222 SW 154 CT	
CITY-ST-ZIP	MIAMI FL 33196	

TITLE	P	<input type="checkbox"/> Delete
NAME	BRUGUERA ROBERT A.	
STREET ADDRESS	6423 COLLINS AVE, #206	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ AURA LDIRECTO	
STREET ADDRESS	14020 SW 148TH LANE	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVARES JUVENAL E	
STREET ADDRESS	14222 SW 154TH COURT	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JUVENAL MAVARES**

P

01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)