

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018616

1. Entity Name
DESIGNTECH DATA, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State
02-26-2001 90515 010 ***150.00

Principal Place of Business 3600 MYSTIC POINTE DR 505 AVENTURA FL 33180 US	Mailing Address 3600 MYSTIC POINTE DR 505 AVENTURA FL 33180 US
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2. Principal Place of Business 4001 HILLCREST DR Suite, Apt. #, etc. APT # 1002 City & State HOLLYWOOD, FL Zip 33021 Country USA	3. Mailing Address 4001 HILLCREST DR Suite, Apt. #, etc. APT # 1002 City & State HOLLYWOOD FL Zip 33021 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0426034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRY NELSON 3600 MYSTIC POINTE DR STE 505 AVENTURA FL 33180	
7. Name and Address of New Registered Agent Name BARRY NELSON Street Address (P.O. Box Number is Not Acceptable) 4001 HILLCREST DR # 1002 City HOLLYWOOD FL Zip Code 33021	

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 DATE **2/19/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRY NELSON 3600 MYSTIC POINTE DR STE 505 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **2/19/01** DAYTIME PHONE # **954-962-5608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)