

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038217

1. Entity Name

UNIDATA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90096 032 ***150.00

Principal Place of Business	Mailing Address
5800 S SEMORAN BLVD BLDG A ORLANDO FL 32822 US	5800 S SEMORAN BLVD BLDG A ORLANDO FL 32822 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3184647	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID 230 LOOKOUT PL, STE. 200 MAITLAND FL 32751

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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUANG, CHENG-HAO	NAME	
STREET ADDRESS	8843 LARWIN LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANG, CHU-KWO	NAME	
STREET ADDRESS	23-37 143RD STREET	STREET ADDRESS	
CITY-ST-ZIP	WHITESTONE NY 11357	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOW, CHING	NAME	
STREET ADDRESS	8843 LARWIN LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, TAMARA A	NAME	
STREET ADDRESS	3016 SARATOGA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000 (407)382-2735

Date Daytime Phone #

CR2E034 (9/99)