

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079563

1. Entity Name

DATA FORCE COMPUTING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90035 027 ***150.00

Principal Place of Business

Mailing Address

~~8350 NW 52ND TERR.~~

~~8350 NW 52ND TERR.~~

~~205~~

~~205~~

MIAMI FL 33166

MIAMI FL 33166-7707

US

US

2. Principal Place of Business

3. Mailing Address

8200 NW 52nd Terr

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FL

City & State

4. FEI Number 65-0452588

Applied For
 Not Applicable

Zip
 33166

Country
 US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TETLOW, R.
 8350 NW 52ND TERR.
 SUITE 205
 MIAMI FL 33166

8200 NW 52 TERR
 SUITE 300

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 TETLOW, RAY
 5878 NW 111TH AVE DORAL ISLES
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 BAHAD, SIMON
 9755 NW 52ND STREET - 106
 MIAMI FL 33178 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 HARVEY, STEVEN
 5454 NW 94TH AVE - DORAL PLACE
 MIAMI FL 33178 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CS
 TETLOW, CAROL
 5878 NW 111TH AVE DORAL ISLES
 MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 MUGHAL, AMEER
 9740 NW 48TH TERR
 MIAMI FL 33178 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)