

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90186 014 ***158.75

DOCUMENT # P94000068096

1. Entity Name
DATA SYSTEMS INC.

Principal Place of Business Mailing Address
2411 S STATE RD 7 **P.O. BOX 3721**
HOLLYWOOD FL 33023 **HOLLYWOOD FL 33083**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3590 S STATE RD 7**
 Suite, Apt., etc. **# 9**

3. Mailing Address **SAME BOX 3721**
 Suite, Apt. #, etc.

City & State **MIRAMAR, FL** City & State **HOLLYWOOD, FL**
 Zip **33023** Country **U.S.A** Zip **33023** Country **U.S.A**

4. FEI Number **65-0521599** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
IKEAKANAM, CHRISTOPHER
2411 S STATE RD 7
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent
 Name **CHRISTOPHER IKEAKANAM**
 Street Address (P.O. Box Number is Not Acceptable)
BOX 3721,
 City **HOLLYWOOD** FL Zip Code **33083**

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 **1-29-01**
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.
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	D <input type="checkbox"/> Delete
NAME	IKEAKANAM, CHRISTOPHER
STREET ADDRESS	P.O. BOX 3721
CITY-ST-ZIP	HOLLYWOOD FL 33083
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	<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: DATE **01-29-01** 954-966-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)