

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019326

1. Entity Name  
D.K. DATA CONSULTANTS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90016 015 \*\*\*150.00

Principal Place of Business 2803 SW 142 PLACE MIAMI FL 33175	Mailing Address 13852 S.W. 24TH STREET MIAMI FL 33175-6325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 2803 SW 142 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	4. FEI Number 65-0567442	Applied For <input type="checkbox"/> Not Applicable
Zip 33175	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GARCIA, DIONISIO J  
13852 S.W. 24TH STREET  
MIAMI FL 33175-6325

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2803 SW 142 PLACE
City MIAMI FL Zip Code 33175

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 \_\_\_\_\_  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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

TITLE NAME: D GARCIA, DIONISIO J	<input type="checkbox"/> Delete
STREET ADDRESS: 13852 S.W. 24TH STREET	
CITY-ST-ZIP: MIAMI FL 33175-6325	
TITLE NAME: S GARCIA, SUSAN L.	<input type="checkbox"/> Delete
STREET ADDRESS: 13852 SW 24 STREET	
CITY-ST-ZIP: MIAMI F	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME: D GARCIA, DIONISIO J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2803 SW 142 PLACE	
CITY-ST-ZIP: MIAMI FL 33175-6565	
TITLE NAME: S GARCIA, SUSAN L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2803 SW 142 PLACE	
CITY-ST-ZIP: MIAMI FL 33175-6565	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Susan L Garcia 4/7/00 (305) 227-2801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)