

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071286

1. Entity Name

SECURE DATA STORAGE, INC.

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

05-01-2001 90015 024 ***150.00

Principal Place of Business

Mailing Address

4800 NW 15TH AVE., #C
FT. LAUDERDALE FL 33309

4800 NW 15TH AVE., #C
FT. LAUDERDALE FL 33309

2. Principal Place of Business

6280 NW 27th Way

Suite, Apt. #, etc.

3. Mailing Address

6280 NW 27th Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33309

City & State

Ft. Lauderdale, FL 33309

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0615497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIBATTISTA, SALVATORE
4800 NW 15TH AVE., #C
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

DiBattista, Salvatore

Street Address (P.O. Box Number is Not Acceptable)

6280 NW 27th Way

City

Ft. Lauderdale

FL

Zip Code

33309

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, 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 ☐ Delete
NAME D
STREET ADDRESS DIBATTISTA, SALVATORE
CITY-ST-ZIP 4800 NW 15TH AVE., #C
FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS DiBattista, Salvatore
CITY-ST-ZIP 6280 NW 27th Way
Ft. Lauderdale, FL 33309

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE DIBATTISTA

04-23-01

954-979-4600

Date

Daytime Phone #

CR2E034 (10/00)