## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an

SIGNATURE:

addr<del>fs</del>s

with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 14, 2000 8:00 am DOCUMENT # P95000088973 **Secretary of State** DATA FUTURES, INC. 03-14-2000 90064 042 \*\*\*150.00 Principal Place of Business Mailing Address 7100 W CAMINO REAL 7100 W CAMINO REAL **STE 121** STE 121 BOCA RATON FL 33433-5510 **BOCA RATON FL 3343** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0632836 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVID J. RUBIN CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 22317 COLLINGTON statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Rubin, David J. Pres Change PD TITLE □ Delete RUBIN, DAVID J NAME 22317 Collington Drive 28378-SYPRESS WOOD LANE STREET ADDRESS STREET ADDRESS BOCA RATON, FLONDA 33428 BOOSA PRATIONAL CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE Rubin, Beth rubin, beth NAME NAME 22317 Collington 22378 CPYRES8-WOOD-LANE STREET ADDRESS STREET ADDRESS BOEX RATONFL CITY-ST-ZIP CITY-ST-ZIP TITLE Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

 $\mathbf{FILED}$ 

DAVID J. RUBIN fresident 72000 (561) 416-9882