

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90074 002 ***150.00

DOCUMENT # P95000088973

1. Entity Name
DATA FUTURES, INC.

Principal Place of Business
7100 W CAMINO REAL
STE 121
BOCA RATON FL 3343

Mailing Address
7100 W CAMINO REAL
STE 121
BOCA RATON FL 3343
US

2. Principal Place of Business
7100 W. Camino Real
Suite, Apt. #, etc.
Suite #206

3. Mailing Address
7100 W. Camino Real
Suite, Apt. #, etc.
Suite #206

City & State
Boca Raton, FL
Zip
33433
Country
USA

City & State
Boca Raton, FL
Zip
33433
Country
USA

4. FEI Number **65-0632836**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUBIN, DAVID J
22317 COLLINGTON DRIVE
BOCA RATON FL 33428

Name

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

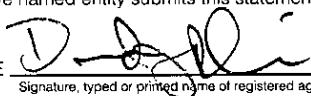
City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **3/15/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

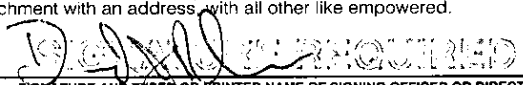
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, DAVID J 22317 COLLINGTON DRIVE BOCA RATON FL 33428 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, BETH 22317 COLLINGTON DRIVE BOCA RATON FL 33428 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3/15/02
 Date

561-416-9862
 Daytime Phone #

CR2E034 (9/01)