

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90068 044 \*\*\*158.75

**DOCUMENT # P96000063215**

1. Entity Name

**UNIVERSAL DATA COMMUNICATIONS, INC.**

Principal Place of Business <b>UNIVERSAL DATA COMMUNICATIONS 877 NW 61ST STREET FT LAUDERDALE FL 33309 US</b>	Mailing Address <b>3506 WILDFLOWER DR. CORAL SPRINGS FL 33065-6008</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0689046</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MYERS-SLAPIKAS, KIMBERLY 877 NW 61ST STREET FT LAUDERDALE FL 33309</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Myers-Slapikas VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MYERS-SLAPIKAS, KIMBERLY</b>		NAME <b>877 N.W. 61st Street</b>	
STREET ADDRESS <b>877 NW 61ST STREET</b>		STREET ADDRESS <b>Fort Lauderdale, FL 33309</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP <b>Fort Lauderdale, FL 33309</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b>Raymond E. Slapikas PST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		NAME <b>877 N.W. 61st Street</b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>Fort Lauderdale, FL 33309</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: *Kimberly Myers-Slapikas* **3/23/00** **954-453-3300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)