

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000067477**

1. Entity Name

US DATA AUTHORITY, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90048 044 ***150.00

0298322

Principal Place of Business	Mailing Address
3500 NW BOCA RATON BOULEVARD BUILDING 811 BOCA RATON FL 33431 US	3500 NW BOCA RATON BOULEVARD BUILDING 811 BOCA RATON FL 33431 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0693150	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MAGGIO, DOMINICK F 3500 NW BOCA RATON BOULEVARD BUILDING 811 BOCA RATON FL 33431	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIRDMAN, HARVEY 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Lucibella 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BIRDMAN, DIANE 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Melvyn Siegel 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BIRDMAN, LOUIS 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Cutler 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCH, HERBERT 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raymond Markman 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph E. Shamy 3500 N.W. Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Jonski 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty/Treas. Robert Sepos 3500 NW Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph E. Shamy 3500 N.W. Boca Raton Blvd. Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)