

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101269

1. Entity Name

V&B DATA TECHNOLOGY CORP.

Principal Place of Business

Mailing Address

SUITE 12
6001 SOUTH WEST 36TH STREET
DAVIE FL 33328

300 N.W. 70TH AVENUE
#100
PLANTATION FL 33317-2360

FILED

00 MAR 10 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 NW 70th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

Country

33317-2360

4. FEI Number 65-0720551

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNESKI, PETER
300 N.W. 70TH AVENUE, SUITE 100
PLANTATION FL 33317-2360

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PSD
KOTTING, LOTHAR Delete
STREET ADDRESS 300 N.W. 70TH AVENUE #100
CITY-ST-ZIP PLANTATION FL 33317-2360

TITLE NAME Change Addition
000003172320--5
STREET ADDRESS -03/16/00--01030--011
CITY-ST-ZIP *****150.00 *****150.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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CITY-ST-ZIP

TITLE NAME Change Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #