

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90098 024 \*\*\*150.00

**DOCUMENT # P97000012002**

**1. Entity Name**  
**DATA WAREHOUSE CORPORATION**

**Principal Place of Business**

~~2691 E OAKLAND PK BLVD~~  
~~400~~  
~~FORT LAUDERDALE FL 33306~~  
~~US~~

**Mailing Address**

~~2691 E OAKLAND PK BLVD~~  
~~400~~  
~~FORT LAUDERDALE FL 33306~~  
~~US~~

**2. Principal Place of Business**

**3651 FAU Blvd**  
 Suite, Apt. #, etc.  
**Suite 400**

**City & State**  
**Boca Raton FL**

**Zip** **33431** **Country** **Palm Beach**

**3. Mailing Address**

**3651 FAU Blvd**  
 Suite, Apt. #, etc.  
**Suite 400**

**City & State**  
**Boca Raton FL**

**Zip** **33431** **Country** **Palm Bch**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0725435**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~WALDSHAN, BENJMAIN S~~  
~~2691 E OAKLAND PK BLVD~~  
~~400~~  
~~FT LAUDERDALE FL 33306~~

*correction to  
 Address only*

**7. Name and Address of New Registered Agent**

**Name** **Waldshan Ben**  
**Street Address (P.O. Box Number is Not Acceptable)** **3651 FAU Blvd suite 400**  
**City** **Boca Raton FL** **FL** **Zip Code** **33431**

**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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WALDSHAN, BENJAMIN S</b>	
<b>STREET ADDRESS</b>	<b>2691 E OAKLAND PARK BLVD, 400</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33306</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KOPITZ, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>2691 E OAKLAND PARK BLVD 400</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33306</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BOYD, GARY</b>	
<b>STREET ADDRESS</b>	<b>2691 E OAKLAND PARK BLVD 400</b>	
<b>CITY-ST-ZIP</b>	<b>FT LAUDERDALE FL 33306</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ABRAMSON, JEFF</b>	
<b>STREET ADDRESS</b>	<b>6305 VIA PALLADIUM</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33433</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>3651 FAU Blvd suite 400</b>	
<b>STREET ADDRESS</b>	<b>Boca Raton FL 33431</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>same</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>same</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>same</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</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 empowerment.**

**SIGNATURE:** *X SIGNATURE REQUIRED C.F.O.* **2/15/02** **561-237-0677**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)