

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90055 022 ***150.00

DOCUMENT # P97000057353

1. Entity Name

INBS DATA SERVICES, INC.

Principal Place of Business

Mailing Address

**11900 BISCAYNE BLVD STE 200
 #503
 MIAMI FL 33181**

**11900 BISCAYNE BLVD STE 200
 #503
 MIAMI FL 33181-2756**

00070010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0766656

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, LINDA M
 11900 BISCAYNE BLVD STE 200
 MIAMI FL 33181**

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 Delete
 NAME **PD KOCH, ROGER L**
 STREET ADDRESS **2137 HIBISCUS CIR**
 CITY-ST-ZIP **NO MIAMI FL 33181**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD TRIPODO, ANTHONY J**
 STREET ADDRESS **1131 NE 97 STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS **1225 NE 95 Street**
 CITY-ST-ZIP **Miami, FL 33138**

TITLE Delete
 NAME **D CHISHOLM, JOHN**
 STREET ADDRESS **850 NE 123 STREET**
 CITY-ST-ZIP **NO MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GLEITSMANN, ROBERT J**
 STREET ADDRESS **1801 S TREASURE DR #302**
 CITY-ST-ZIP **NO BAY VILLAGE FL 33141**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MOUSSA, GEORGE**
 STREET ADDRESS **520 NW 60TH COURT**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS **13001 S. Calusa Club Drive**
 CITY-ST-ZIP **Miami, Fl 33186**

TITLE Delete
 NAME **AS SMITH, ESQ LINDA M**
 STREET ADDRESS **11900 BISCAYNE BLVD, STE 200**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE Change Addition
 NAME
 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)(l), 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: ROGER L KOCH, PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00 (305)893-5997

Date

Daytime Phone #

CFR2E034 (9/99)