## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000096301** 1. Entity Name DATA DIVERSIFIED, INC. 04-14-2000 90027 049 \*\*\*155.00

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

City

Mailing Address 21845 POWERLINE ROAD

3. Mailing Address

City & State

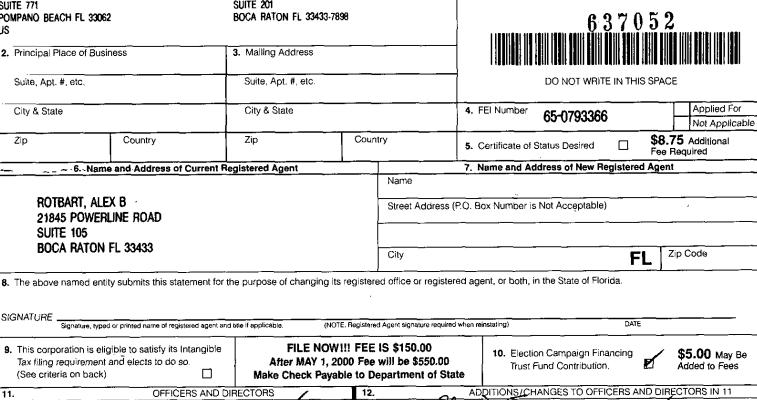
Zip

Suite, Apt. #, etc.

BOCA RATON FL 33433-7898

SUITE 201

Apr 14, 2000 8:00 am Secretary of State



| (See criteria on back)                    |   | Make Check Payable | Make Check Payable to Department of State             |             |                |                    |                               |                   |
|---|---|--------------------|---|-------------|----------------|--------------------|-------------------------------|-------------------|
| 11. OFFICERS AND DIRECTORS                |   |                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |             |                |                    |                               |                   |
| TITLE NAME STREET ADDRESS                 | PSTD<br>THOMPSON, EDDIE<br>8714 CHIPPING LANE | Delete             | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | MARIA       | PREDE<br>SOUTH | west 17<br>Ant 151 | Change  OF HCOURT  OF 124 331 | Addition Addition |
| CITY-ST-ZIP                               | HOUSTON TX 77088                              |                    |   | GERT        | IED //VE       | ANT IN             |                               | * Y L             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |             |                |                    | ☐ Change                      | Addition          |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP   | -   | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |             |                |                    | Change                        | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP |   | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <del></del> |                |                    | ☐ Change                      | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |             |                |                    | ☐ Change                      | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |   | ☐ Delete           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |             |                |                    | ☐ Change                      | Addition          |

13. I hereby certify that the information supplied with this filling 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 picture appears in Block 12 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver picture. It is a proposed 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 picture and address picture.

SIGNATURE:

Principal Place of Business

1600 S. FEDERAL HWAY

POMPANO BEACH FL 33062

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

ROTBART, ALEX B

SUITE 105

21845 POWERLINE ROAD

**BOCA RATON FL 33433** 

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Country

\_ - 6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

**SUITE 771** 

US