

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012113

1. Entity Name

SUNBELT DATA SOLUTIONS, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90080 029 ***150.00

Principal Place of Business 2061 NW 96 TERR 12B PEMBROKE PINES FL 33024 US	Mailing Address 2061 NW 96 TERR 12B PEMBROKE PINES FL 33024-3037 US
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2. Principal Place of Business 9714 NW 23 CT	3. Mailing Address 9714 NW 23 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL	4. FEI Number 65-0820307	Applied For Not Applicable
Zip 33024	Country USA	Zip 33024	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 EAST COMMERCIAL BLVD PENTHOUSE E FORT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARDENAS, CIRO A 2061 NW 96 TERR 12B PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARDENAS, CIRO A 9714 NW 23 CT PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____ 04-25-00 954-704-3891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #