FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000044543

1. Corporation Name

UNITED DATA COMMUNICATION INC.

Principal Place of Business	Mailing Address			
12001 NW 35TH ST S-242 CORAL SPRINGS FL 33065	12001 NW 35TH ST S-242 CORAL SPRINGS FL 33065			
2. Principal Place of Business 21 342 5 W. 641h AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 342/5W. 64 Suite, Apt. #, etc.			

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90215 045 *****8.75 04-27-1999 90215 046 ***150.00



						-			
Principal Place	e of Business	Mailing Address							
12001 NW 35TH					,	,			
S-242	\$-242 CODAL CROINCE EL 22005			-	DO NOT WRITE IN THIS SPACE				
COHAL SPHING	DRAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			3 Date Incorpor	3. Date Incorporated or Qualifed				
					05/18/199	_		{	
2. Principal P	ace of Business	2a. Mailing Address			4 ECI Number			Applied For	
	3421 S.W. 64th AVE. 26 3421 SW. 64th			14 21/	650-85	50-84-3/38 Not Applicable			
	Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional					
22	27				5. Certificate of S	Status Desired	•	Required	
City & Stat	2	City & State				6. Election Campaign Financing \$5.00 May Be			
_ ///	LAMAL, FI.	28 MILANAT	28 MILAMAK, FI.			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	8. This corporati	ion owes the current year	Intangible		
33	023 25 11. S.	A 29 33023	30 U	1.5.4.	Personal Prop		☐ Yes	□No	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and A	ddress of New Register	ed Agent		
	_			81 Name	Time P	2060			
	o, Juan J e			82 Street	Address (P.O. Boy Numb	dress (P.Q. Box Number is Not Acceptable)			
1200	1 NW 35TH ST		414 1100						
S-24	2 ·			83		,		· .	
COR	AL SPRINGS FL 33065			24 00			05 7	in Code	
				84 City	11ºRAMAL	F	L 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 00 308 Florida Statut	es, the al	bove-named	corporation submits this	statement for the purpose	of changing	its registered	
office or r	egistered agent, or both, in the St	ate of Forta. Such change was a	uthorized	by the corpo	oration's board of director	s. I hereby accept the app	pointment as	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.0502 and 607.0503 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligation of the corporation of the provisions of the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the provisions of the provisions of the purpose of changing its registered of the purpose of changing its registered of the provisions of the purpose of changing its registered of the provisions of the purpose of changing its registered of the purpose of th									
SIGNATURE	Signature, typed or printed name of registered	agen and title if applicable. (NOTE	: Registered	Agent signature r	required when reinstating)	DATE			
12.		S AND DIRECTORS	13.			HANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	D	DELETE	1.1 TF	TLE	PRESIDENT /C	HANGES TO OFFICERS UNCATION A	Change Change	ge 🗌 Addition 🛼	
NAME	LUGO, JUAN JR		1.2 NA	WE	Juan Ro Lo	160			
STREET ADDRESS	3421 SW 64TH AVE		1.3 ST	REET ADDRESS	3421 S.W. 64	IT, AUE			
CITY-ST-ZiP	MIRAMAR FL 33023		1,4 CF	TY-ST-ZIP	MilaMA, F	1 53023			
TITLE		☐ DELETE	2.1 TI	TLE	VICE PRESID		☐ Chane	ge Addition	
NAME _	·		2.2 N	WE	SAVALA E. A				
STREET ADDRESS			2.3 ST	REET ADDRESS	3421 5.66	4 Th DIE			
CITY-ST-ZIP	. 4 -			ITY-ST-ZIP	MIRAMAR,	7. 330.23			
TITLE -		☐ DELETE	3.1 TF				☐ Chang	ge Addition	
NAME			3.2 NA	ME.					
STREET ADDRESS	•			REET ADDRESS			•		
			34 C	ITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	4.1 TI				Chang	ge	
NAME		_	4. 2 N						
				REET ADDRESS					
STREET ADDRESS	•			TY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI		-		Chan	ge Addition	
			5.2 NA				,		
NAME	•			REET ADDRESS			•	}	
STREET ADDRESS				TY-ST-ZIP				Ì	
CITY-ST-ZIP		DELETE	6.1 TI			N	☐ Chang	ge Addition	
TITLE	•		6.2 NA					,	
NAME	• •							į	
CTDEET ADDDEEC			■ 6.3 ST	REET ADDRESS	1			1	

The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and that my signature shall have the same legal effect as if made under oath; that I am an exertife this report as required by Chapter 607, Florida Statutes; and that my name appears in where like empowered. CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify indicated on this annual report or supplemental annual report is true and according or director of the corporation or the receiver of trustee empowered to Block 12 or Block 13 if pranged, or on an attachment with an address with

SIGNATURE: