

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025073

1. Entity Name

DIVERSIFIED DATA TECHNOLOGIES, INC

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90026 005 ***150.00

Principal Place of Business 10855 N.W. 7 AVE. MIAMI FL 33168	Mailing Address 10855 N.W. 7 AVE. MIAMI FL 33168-2105
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2. Principal Place of Business 10002 Winding Lks Rd Suite, Apt. #, etc. # 202	3. Mailing Address Same Suite, Apt. #, etc.
City & State Sunrise FL	City & State

Zip 33351	Country USA	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0903685	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, PABLO 10855 N.W. 7 AVE. MIAMI FL 33168	7. Name and Address of New Registered Agent Name DIANA PUENTE Street Address (P.O. Box Number is Not Acceptable) 10002 Winding Lks Rd #202 City Sunrise FL Zip Code 33351
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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	DATE 2/5/00
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <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 P NAME TORRES, DAMIAN STREET ADDRESS 10855 N.W. 7 AVE. CITY-ST-ZIP MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE P NAME TORRES, DAMIAN STREET ADDRESS 10002 Winding Lks Rd #202 CITY-ST-ZIP SUNRISE FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME TORRES, DIANA STREET ADDRESS 10855 N.W. 7 AVE. CITY-ST-ZIP MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE V NAME PUENTE, DIANA STREET ADDRESS 10002 Winding Lks Rd #202 CITY-ST-ZIP SUNRISE FL 33168	<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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/5/00 DAYTIME PHONE # (954) 579-4338