

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90030 014 ***150.00

DOCUMENT # P99000029859

1. Entity Name
ACCUWEB DATA SOLUTIONS, INC.

Principal Place of Business
3992 N.W. 88TH VE., #1-B
SUNRISE FL 33351

Mailing Address
3992 N.W. 88TH VE., #1-B
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 SE 14 Street
 Suite, Apt. #, etc.
2B

3. Mailing Address
200 SE 14 Street
 Suite, Apt. #, etc.
2B

City & State
Miami, FL
 Zip
33131

Country
USA

City & State
Miami, FL
 Zip
33131

Country
USA

4. FEI Number **65-0905719**

Applied For
 Not Applicable

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

SILVERLIGHT, DAVID
3992 N.W. 88TH VE., #1-B
SUNRISE FL 33351

Name **Silverlight, David**
 Street Address (P.O. Box Number is Not Acceptable)
200 SE 14 Street
Suite 2B
 City **Miami** **FL** Zip Code **33131**

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 **David Silverlight** DATE **2/11/01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERLIGHT, DAVID 200 SW 14ST 2-B MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silverlight, David 200 SE 14 Street, Suite 2B Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 **David Silverlight** DATE **2/11/01** Daytime Phone # **305-377-3566**

CRE034 (10/00)