

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90048 019 ***150.00

DOCUMENT # P99000048341

1. Entity Name

DATA NETWORK TECHNOLOGIES, INC.

Principal Place of Business

1550 SW 16TH AVENUE
 MIAMI FL 33145

Mailing Address

1550 SW 16TH AVENUE
 MIAMI FL 33145

2. Principal Place of Business

4051 NW 4 TR

Suite, Apt. #, etc.

3. Mailing Address

4051 NW 4 TR

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

NOT APPLICABLE

☒ Applied For
☐ Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL CAMPILLO, FRANK
 1550 SW 16TH AVENUE
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

RALPH MORAN

Street Address (P.O. Box Number is Not Acceptable)

4051 NW 4 TR

City

Miami

FL

Zip Code

33126

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

Frank Del Campillo
 Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

01/01/02
 DATE

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEL CAMPILLO, FRANK	
STREET ADDRESS	1550 SW 16TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, RALPH	
STREET ADDRESS	4051 NW 4 TR	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Frank Del Campillo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/02
 Date

305-512-1145
 Daytime Phone #

CR2E034 (9/01)