

# 2000 UNIFORM BUSINESS REPORT (UBR)

0329672

DOCUMENT # P99000056318

1. Entity Name

NORTH DATA SA. INC.

Principal Place of Business

3350 ENTERPRISE AVE., #120  
WESTON FL 33331

Mailing Address

3350 ENTERPRISE AVE., #120  
WESTON FL 33313-4554

FILED

01 FEB -5 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 NW 16 ST.

Suite, Apt. #, etc.

#10

3. Mailing Address

6600 NW 16 ST

Suite, Apt. #, etc.

#10

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0934016

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EYZAGUIRRE, JAIME  
3350 ENTERPRISE AVE., #120  
WESTON FL 33331

7. Name and Address of New Registered Agent

Name EYZAGUIRRE, JAIME

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

6600 NW 16 ST  
#10

City PLANTATION

FL

Zip Code

33313

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

☐

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.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LORENZO, CARLOS	
STREET ADDRESS	3350 ENTERPRISE AVE., #120	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEMA, NORBERTO	
STREET ADDRESS	3350 ENTERPRISE AVE., #120	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EYZAGUIRRE, JAIME	
STREET ADDRESS	3350 ENTERPRISE AVE., #120	
CITY-ST-ZIP	WESTON FL 33331	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6600 NW 16 ST #10
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6600 NW 16 ST #10
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6600 NW 16 ST #10
CITY-ST-ZIP	PLANTATION FL 33313
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700003661317
CITY-ST-ZIP	-02/08/01--01043--002
	****900.00 ****900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT
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)(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

JAIME EYZAGUIRRE

Date

Daytime Phone #

12/26/00

954 791 9300  
x210

CR2E034 (9/99)