FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91189 021 ***150.00

DOCUMENT # P99000056318

1. Entity Name
NORTH DATA SA INC
4584 N. HIATUS ROAD
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4584 N. HIATUS Rd.	4584 N. HIATUS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: SUNRISE FL
Zip: 33351 Country: BROWARD	Zip: 33351 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 650934016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAIME EYZAGUIRRE

Street Address (P.O. Box Number is Not Acceptable): 4584 N HIATUS

City: SUNRISE FL Zip Code: 33351

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
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. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARLOS LORENZO 4584 N. HIATUS RD. SUNRISE FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORBERTO CEMA 4584 N. HIATUS RD. SUNRISE FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAIME EYZAGUIRRE 4584 N. HIATUS Rd. SUNRISE FL 33351
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME EYZAGUIRRE 4-30-02 9546347000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #