

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096143

1. Entity Name

R'DATATECH SYSTEMS, INC.

Principal Place of Business

4149 N HAVERHILL ROAD
1622
WEST PALM BEACH FL 33417

Mailing Address

4149 N HAVERHILL ROAD
1622
WEST PALM BEACH FL 33417

2. Principal Place of Business

6880 ABBOTT AVE #503
Suite, Apt. #, etc.
Miami Beach, Fla
City & State

3. Mailing Address

6880 ABBOTT AVE #503
Suite, Apt. #, etc.
Cpt. # 503
City & State
Miami Beach, Fla.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959250

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

WITTUSEN, SARA
4149 N HAVERHILL ROAD
1622
WEST PALM BEACH FL 33417

Name

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

City

FL

Zip Code

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, 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
V
WITTUSEN, CHRISTER
4149 N HAVERHILL ROAD # 1622
WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
PD
WITTUSEN, SARA
4149 N HAVERHILL ROAD # 1622
WEST PALM BEACH FL 33417 ☐ Delete

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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

Daytime Phone #

CR2E034 (10/00)