2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66496

1. Entity Name

DATA CAPITAL CORP.

FILED
00 MAY -3 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126	C/O BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126-2065

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0272623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAHAN, RICHARD J. ALAN
C/O BECKER & POLIAKOFF
5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GREGORY D. BAY ST & VICTORIA AVE N NASSAU, BAHAMAS ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003248632--4 -05/11/00--01080--003 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Greg D. Roberts 4/27/00 1-242-322-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERTS, ISAACS & CO.
COUNSEL AND ATTORNEYS-AT-LAW
NOTARIES PUBLIC
THE RIGARNO BUILDING
BAY STREET AND VICTORIA AVENUE

NOEL S. ROBERTS, OBE
S. O. A. ISAACS

ASSOCIATE
W. SCOTT WARD

P. O. BOX N-4755
NASSAU, BAHAMAS

KENDAL G. L. ISAACS, Q. C.,
1950-1996

TELEPHONE: (242) 322-1751-4
FAX: (242) 322-3861

OUR REF: GDR/smr

YOUR REF:

27th April, 2000

Via Courrier/Telephone: 850-487-6056

Department of State,
Division of Annual Report,
The Capitol,
Tallahassee, FL 32388
USA

Dear Sirs,

Re: DATA CAPITAL CORP.

We enclose herewith on behalf of the above-named Company the following:-

1. 2000 Uniform Business Report.

2. Money Order in the amount of $150.00 payable to the Department of State.

Yours faithfully,
ROBERTS, ISAACS & CO.

Gregory D. Roberts

Encs.