

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90360 035 ***150.00

DOCUMENT # V02040

1. Entity Name

DATASYS INTERNATIONAL CORP.

Principal Place of Business

**8113 NW 33RD STREET
 MIAMI FL 33122
 US**

Mailing Address

**13561 SW 110TH AVE.
 MIAMI FL 33176**

2. Principal Place of Business

13435 SW 128 Street

3. Mailing Address

13435 SW 128 Street

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Miami, FL 33186

City & State

Miami FL

Zip

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0322103

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEBBEN, MAURO B
 13561 S.W. 110TH AVE.
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Sebben, Mauro B.

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

13435 SW 128 Street

- Suite 107

City

Miami

FL

Zip Code

33186

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, 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	P	<input type="checkbox"/> Delete
NAME	SEBBEN, MAURO B.	
STREET ADDRESS	13561 SW 110TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEBBEN, MARIJANE P.	
STREET ADDRESS	13561 SW 110TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBBEN, MAURO B.	
STREET ADDRESS	13435 SW 128 STREET - SUITE 107	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBBEN, MARIJANE P.	
STREET ADDRESS	13435 SW 128 STREET - SUITE 107	
CITY-ST-ZIP	Miami FL 33186	
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)(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:

MAURO SEBBEN
 PRESIDENT

MAURO SEBBEN

01/09/2002

(786)293-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)