2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90228 001 ***150.00

L0082130

DO NOT WRITE IN THIS SPACE

DOCUMENT # V50140

1. Entity Name

MARK DATA COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1299 SE 7TH AVE SUITE 207 DANIA FL 33004 US	1299 SE 7TH AVE #207 DANIA FL 33004-4688 US

2. Principal Place of Business		3. Mailing Address	
258 N.W 72 AVE		2858 N.W 72 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL,	
Zip: 33122	Country: USA	Zip: 33122	Country: USA

4. FEI Number 65-0346500 ☐ 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
BRYANT, BERNARD 847 NW 119TH ST. SUITE 205 MIAMI FL 33168	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	DPS	☐ Delete	TITLE	DPS	☒ Change ☐ Addition
NAME	CORREIA, AMANDA MARY S.		NAME	CORREIA,AMANDA MARY S.	
STREET ADDRESS	1299 SE 7TH AVE #207		STREET ADDRESS	2858 N.W 72 AVE	
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP	MIAMI FL, 33122	
TITLE	DVT	☐ Delete	TITLE	DVT	☒ Change ☐ Addition
NAME	CORREIA, JOAO GILBERTO		NAME	CORREIA,JOAO GILBERTO	
STREET ADDRESS	1299 SE 7TH AVE #207		STREET ADDRESS	2858 N.W 72 AVE	
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP	MIAMI FL, 33122	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 REQUIRED 4-24-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #