

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022436

1. Entity Name

INTERNATIONAL TELECOMMUNICATIONS MARKETING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90099 005 ***158.75

Principal Place of Business

Mailing Address

627 CEDAR BEND CIR.
 STE 201
 ORLANDO FL 32825

627 CEDAR BEND CIR.
 STE 201
 ORLANDO FL 32825-6782

2. Principal Place of Business

201 S. ORANGE AVE

Suite, Apt. #, etc.

SUITE 1017

City & State

ORLANDO, FL

Zip

32801

Country

U.S.A.

3. Mailing Address

201 S. ORANGE AVE

Suite, Apt. #, etc.

SUITE 1017

City & State

ORLANDO, FL

Zip

32801

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

N/A

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

04-28-00

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	NIAZY, AHMED NABIL	
STREET ADDRESS	627 CEDAR BEND CIR #201	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NIAZY, NABIL AHMED	
STREET ADDRESS	627 CEDAR BEND CIRCLE #201	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TUBBS, JASMINE	
STREET ADDRESS	627 CEDAR BEND CIR #201	
CITY-ST-ZIP	ORLANDO FL 32825	
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	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIAZY, AHMED NABIL	
STREET ADDRESS	SAUDIA CITY	
CITY-ST-ZIP	SC 14-16 JEDDAH 21413 KINGDOM OF SAUDI ARABIA	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMDUDA, IBRAHIM A	
STREET ADDRESS	100 MEDINA RD	
CITY-ST-ZIP	JEDDAH 21411 KINGDOM OF SAUDI ARABIA	
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:

AHMED NIAZY

04-28-00

407-999-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20004 (0/00)