

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-04-2000 90165 017 \*\*\*158.75

**DOCUMENT # P99000073867**

1. Entity Name  
**INFINITI GROUP INTERNATIONAL, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>627 CEDAR BEND CIRCLE SUITE 201<br>ORLANDO FL 32825 | Mailing Address<br>627 CEDAR BEND CIRCLE SUITE 201<br>ORLANDO FL 32825-6782 |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>627 Cedar Bend Circle<br>Suite, Apt. #, etc.<br>201 | 3. Mailing Address<br>627 Cedar Bend Circle<br>Suite, Apt. #, etc.<br>201 |
|---|---|

|                                 |                                 |                            |                               |
|---------------------------------|---------------------------------|----------------------------|-------------------------------|
| City & State<br>Orlando FLORIDA | City & State<br>Orlando FLORIDA | 4. FEI Number<br>593593501 | Applied For<br>Not Applicable |
| Zip<br>32825                    | Country<br>USA                  | Zip<br>32825               | Country<br>USA                |

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**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 \_\_\_\_\_ (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                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PVSD</b><br><b>NIAZY, NABIL A</b><br><b>627 CEDAR BEND CIRCLE SUITE 201</b><br><b>ORLANDO FL 32825</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VTD</b><br><b>NIAZY, AHMED N</b><br><b>627 CEDAR BEND CIRCLE SUITE 201</b><br><b>ORLANDO FL 32825</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>PVSD</b><br><b>NIAZY, NABIL A</b><br><b>SAUDIA CITY SC4-16</b><br><b>Jeddah 21413 SAUDI ARABIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>VTD</b><br><b>NIAZY, AHMED N</b><br><b>SAUDIA CITY, SC4-16</b><br><b>Jeddah 21413 SAUDI ARABIA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 28 Apr 00 407 7373777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)