

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M63224

1. Entity Name

976 INFOTELE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90102 019 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10031 PINES BLVD 250 PEMBROKE PINES FL 33024 US	Mailing Address 10031 PINES BLVD 250 PEMBROKE PINES FL 33024-6180 US
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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 65-0100726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

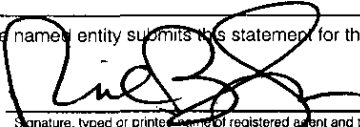
6. Name and Address of Current Registered Agent

~~FIOTTO, LYNNE~~
~~6200 SW 136 AVE~~
~~FT. LAUDERDALE FL 33330~~

7. Name and Address of New Registered Agent

Name: **RICHARD B. SABRA, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable): **1946 TYLER STREET**
 City: **HOLLYWOOD** FL Zip Code: **33020**

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:  DATE: **3/22/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIOTTO, DAVID 6200 SW 136 AVE FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIOTTO, LYNNE 6200 SW 136 AVE FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10031 PINES BLVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 PEMBROKE PINES FL 33024-6180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10031 PINES BLVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 PEMBROKE PINES FL 33024-6180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:  DATE: **3-22-2000** DAYTIME PHONE #: **954-680-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR