

# 2003 FOR PROFIT CORP UNIFORM BUSINESS REP

DOCUMENT # P02000010377

1. Entity Name  
INFOPAY, INC.

Principal Place of Business  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE FL 33309

Mailing Address  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE FL 33309

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

## 6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.  
GREENSPOON, MARDER, HIRSCHFELD, RAKIN  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE FL 33309

8. The above named entity submits this statement for the purpose of the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMINGUEZ, CARLOS
STREET ADDRESS	8345 N.E. 68TH STREET SUITE 840
CITY-ST-ZIP	MIAMI FL 33168
TITLE	PRESIDENT
NAME	DANIEL DECHAMPS
STREET ADDRESS	50 CORPORATE AVE
CITY-ST-ZIP	PLAINVILLE, CT 06062
TITLE	CHAIRMAN
NAME	HUBERTUS V. SAUVIGNY
STREET ADDRESS	140F TRADGES
CITY-ST-ZIP	SANBORN 63579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if I am like empowered.

SIGNATURE: *Daniel DeChamps*  
SIGNATURE AND TYPED OR PRINTED NAME

# FORMATION PORT (UBR)



100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE FL 33309

100

etc.

4. FEI Number  
02-054 2054

Applied For  
Not Applicable

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	DANIEL DECHAMPS	
	STREET ADDRESS	50 CORPORATE AVE	
	CITY-ST-ZIP	PLAINVILLE, CT 06062	
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is 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 10 or Block 11 if I am like empowered.

SIGNATURE: *Daniel DeChamps*  
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

DATE: JAN 15, 2003 (860) 476560  
Date Daytime Phone #

FILED  
Mar 20, 2003 8:00 am  
Secretary of State

03-03-2003 90853 027 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)