2000'UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000030516 FILED 1. Entity Name INFOSTATI, INC. 00 JUL 18 PM 1:39 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 28 WEST FLAGLER ST 28 WEST FLAGLER ST 11TH FLOOR 11TH FLOOR MIAMI FL 33130 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0482999 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 28 WEST FLAGLER ST 11TH FLOOR **MIAMI FL 33130** Zip Code City FI 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete HOLMES, THOMAS M NAME NAME 18423 N.W. 9 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33029 ___ Addition 8000033496969 -08/08/00--01070--(TITLE ☐ Delete TITLE HOLMES, KATHY NAME NAME 01070--020 STREET ADDRESS STREET ADDRESS 18423 N.W. 9 STREET ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Change ☐ Addition TITLE Delete TITLE SHAPIRO, ROBERT D NAME NAME 28 WEST FLAGLER ST 11TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL City-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE SHAPIRO, MARIA M NAME NAME STREET ADDRESS 28 WEST FLAGLER ST 11TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

his filing does not qualify for the exercation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the all other file empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empoye changed, or on an attachment with an address

SIGNATURE:

SIGNATURE R

LAW OFFICES

ROBERT D. SHAPIRO, P.A.

COURTHOUSE PLAZA

IITH FLOOR

28 WEST FLAGLER STREET

MIAMI, FLORIDA 33130

MEMBER OF FLORIDA, NEW YORK

AND CALIFORNIA BARS

July 13, 2000

Leslie

Leslie
Reinstatement Section
Department of State
Division of Corporations
Tallahassee, FL

RE: UBR and Check

Dear Leslie:

This will confirm that I never received our check returned in January of this year, and accordingly, you said that you would accept our late filing and waive any penalty. Accordingly, enclosed please find our check for \$150.00 and the UBR, signed by me.

Thank you for your courtesy.

Very truly yours,

ROBERT D. SHAPIRO

RDS/rb