

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # P96000016400**1. Entity Name
INFOSERV INTERNATIONAL, INC.Principal Place of Business
934 HARDWICK AVENUE
ORLANDO FL 32825
Mailing Address
934 HARDWICK AVENUE
ORLANDO FL 328252. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3040388
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ AMILCAR
934 HARDWICK AVENUE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name
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 **AMILCAR VAZQUEZ**

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

(NOTE: Registered Agent signature required when reinstating)

03/29/2001

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, 2001 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	D	☐ Delete
NAME	VAZQUEZ AMILCAR	
STREET ADDRESS	934 HARDWICK AVENUE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ 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: Amilcar Vazquez

D

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)