

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059854

1. Entity Name

INFORMATION ACQUISITION, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90128 038 \*\*\*150.00

Principal Place of Business

888 BRICKELL KEY DRIVE  
#1907  
MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DRIVE  
#1907  
MIAMI FL 33131-2686

2. Principal Place of Business

2100 Coral Way  
Suite, Apt. #, etc.  
605

3. Mailing Address

2100 Coral Way  
Suite, Apt. #, etc.  
605

City & State  
Miami FL

City & State  
Miami FL

Zip  
33145

Country  
USA

Zip  
33145

Country  
USA

4. FEI Number 65-0692754

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, FRANCES  
888 BRICKELL KEY DRIVE  
#1907  
MIAMI FL 33131

Name  
FOX, Frances  
Street Address (P.O. Box Number is Not Acceptable)  
808 Brickell Key Drive  
#1403  
City Miami FL Zip Code 33131

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]*

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FOX, FRANCES  
888 BRICKELL KEY DRIVE, #1907  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
808 Brickell Key Drive #1403  
Miami FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 854 7608

CR2E034 (9/99)