

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2000 8:00 am  
Secretary of State  
05-19-2000 90022 029 \*\*\*150.00

DOCUMENT # P96000082403

1. Entity Name  
COMINFO INC.

Principal Place of Business  
1000 S OCEAN BLVD STE 14-E  
POMPANO BEACH

Mailing Address  
1000 S OCEAN BLVD STE 14-E  
POMPANO FL 33062-6619

2. Principal Place of Business  
1000 S OCEAN BLVD  
Suite/Apt. # etc. 14-E  
City & State  
POMPANO BEACH, FL  
Zip  
33062-6619  
Country

3. Mailing Address  
1000 S OCEAN BLVD.  
Suite/Apt. # etc. 14-E  
City & State  
POMPANO BEACH, FL  
Zip  
33062-6619  
Country

4. FEI Number  
65-0702386  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CHAMMAH, GEORGES  
1000 S OCEAN BLVD, APT # 14-E  
POMPANO BEACH  
FL, 33062-6619

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  
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  
TITLE P CHAMMAH, GEORGES  
NAME PO BOX 480270  
STREET ADDRESS FT LAUDERDALE FL 33348  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 04/29/2000  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)