

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90170 003 ***150.00

DOCUMENT # P97000037055

1. Entity Name

INFONET CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

**318 INDIAN TRACE
 STE 407
 WESTON FL 33326
 US**

**318 INDIAN TRACE
 STE 407
 WESTON FL 33326
 US**

2. Principal Place of Business

3. Mailing Address

318 INDIAN TRACE

318 INDIAN TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 407

PMB # 407

City & State

City & State

WESTON, FL

WESTON, FL

Zip

Country

Zip

Country

**33326
 U.S.A**

**33326
 U.S.A**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748343

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

**MOOSAVI, SHAHRIAR
 407 MALLARD RD
 FT LAUDERDALE FL 33327**

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

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

(NOTE: Registered Agent signature required when reinstating)

VICB PRBS

4/16/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AZZI, JORGE	
STREET ADDRESS	11571 SW S98TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MOOSAVI, SHAHRIAR	
STREET ADDRESS	407 MALLARD ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIO	
STREET ADDRESS	10340 SW 103 LANE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shahriar R. Moosavi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHRIAR R. MOOSAVI

Date

Daytime Phone #

4/16/01 (305) 595-9334

CR2E034 (10/00)