

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90076 009 \*\*\*150.00

**DOCUMENT # P97000037055**

1. Entity Name  
**INFONET CONSULTING GROUP, INC.**



Principal Place of Business  
**318 INDIAN TRACE  
PMB #407  
WESTON FL 33326  
US**

Mailing Address  
**318 INDIAN TRACE  
PMB #407  
WESTON FL 33326  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0748343**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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 **SHAHRIAR MOOSAVI**

Street Address (P.O. Box Number is Not Acceptable)

**2488 PROVENCE CIRCLE**

City **WESTON**

FL

Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shahriar R. Moosavi*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>AZZI, JORGE</b>	
STREET ADDRESS	<b>11571 SW S98TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>MOOSAVI, SHAHRIAR</b>	
STREET ADDRESS	<b>407 MALLARD ROAD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33327</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, MARIO</b>	
STREET ADDRESS	<b>10340 SW 103 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAHRIAR R. MOOSAVI</b>	
STREET ADDRESS	<b>2488 PROVENCE CIRCLE</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shahriar R. Moosavi* **SHAHRIAR R. MOOSAVI** 1/15/03 305-595-9334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)