## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P97000044844** INFINITY TELECOMMUNICATIONS CONSULTING, INC. 04-03-2000 90144 048 \*\*\*150.00 Principal Place of Business Mailing Address 3315 E. OAKLAND PK BLVD. 3315 E. OAKLAND PK BLVD. #206 FT LAUDERDALE FL 33308-7216 FT LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. -Applied For City & State 4. FEI Number City & State 65-0755705 Not Applicable \$8.75 Additional Country Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Drick DZICEK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11596 LAKEVIEW DRIVE CORAL SPRINGS FL 33071 3300 N. Port Royule blud # 106 33308 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition Delete TITLE TITLE Dzick. Richard DZICEK, RICHARD NAME 3300 N. port Royale blud #106 STREET ADDRESS STREET ADDRESS 11596 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** ☐ Change Addition ☐ Delete TITLE TITLE MARTINEZ, P T NAME NAME STREET ADDRESS 888 INTRACOASTAL DRIVE #4E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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.

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Daytime Phone #

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