

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104980

1. Entity Name **INFOMASTER, Inc.**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90432 021 \*\*\*150.00

Principal Place of Business Mailing Address

800 West Oakland BLVD  
#104  
Ft Lauderdale FL 33311

2. Principal Place of Business

5004 SW 32 WAY

Suite, Apt. #, etc.

3. Mailing Address

5004 SW 32 WAY

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33312

Country

Zip

33312

Country

4. FEI Number

65-0803931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEBOLO, LUCAS**  
**5004 SW 32 WAY**  
**FORT LAUDERDALE FL 33312**

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's 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEBOLO, LUCAS</b>	
STREET ADDRESS	<b>5004 SW 32 WAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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:

**LUCAS Lebolo Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2000

(954) 989-2557

Date

Daytime Phone #

00100408  
# P97000104980

Florida Division of Corporations Public Access	<b>Corporate Inquiry Menu:</b> Please select an inquiry type from the list below, then enter a search key in the search field. Press <b>SEARCH</b> to begin the search.
<b>Inquiry by:</b> <input type="radio"/> Corporation / Trademark Name <input type="radio"/> Officer / Registered Agent Name <input type="radio"/> Registered Agent Name <input type="radio"/> Trademark Owner Name <input type="radio"/> FEI Number <input type="radio"/> Document Number <input type="radio"/> Trademark Name	5/01/00 CORPORATE DETAIL RECORD SCREEN NUM: P97000104980 ST:FL ACTIVE/FL PROFIT FLD: 12/12/1998 FEI#: 65-0803931 NAME : INFOMASTER, INC. PRINCIPAL: 800 WEST OAKLAND PARK BLVD ADDRESS #104 FT LAUDERDALE, FL 33311 RA NAME : LEBOLO, LUCAS RA ADDR : 3475 SHERIDAN ST. STE. 216 HOLLYWOOD, FL 33021 US ANN REP : (1998) BY 05/08/98 (1999)
<b>Search String:</b> <div><input type="text"/></div> <div><input type="button" value="Search"/> <a href="#">HomePage</a></div>	<u>Officers</u>  ----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION <u>Document Image</u>