

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90131 024 \*\*\*150.00

DOCUMENT # P98000006621

1. Entity Name  
INFORMATION PARTNERING GROUP, INC.



Principal Place of Business 2601 BAYSHORE DR  
~~2601 SOUTH BISCAYNE BLVD~~  
19TH FLOOR  
MIAMI FL 33133

Mailing Address 2601 BAYSHORE DR  
~~2601 SOUTH BISCAYNE BLVD~~  
19TH FLOOR  
MIAMI FL 33133



2. Principal Place of Business 2601 SOUTH BAYSHORE DRIVE  
Suite, Apt. #, etc. 19 FLOOR

3. Mailing Address 2601 SOUTH BAYSHORE DR  
Suite, Apt. #, etc. 19 FLOOR

City & State  
MIAMI FL

City & State  
MIAMI FL

☐ CHECK HERE IF MAKING CHANGES

Zip 33133 Country DADE

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4. FEI Number 65-0808526

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
BOOKER, HAMPTON G  
2601 SOUTH BISCAYNE BLVD 2601 SOUTH BAYSHORE DR  
19TH FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent  
Name BOOKER, HAMPTON G  
Street Address (P.O. Box Number is Not Acceptable)  
2601 SOUTH BAYSHORE DRIVE 19TH FLOOR  
City MIAMI FLORIDA FL Zip Code 33133

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

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 Hampton G Booker

HAMPTON G. BOOKER

1/6/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE P  
NAME BOOKER, HAMPTON G  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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## 11. ADDITIONS (CHANGES) TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME BOOKER HAMPTON G  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE 19FLR  
CITY-ST-ZIP MIAMI FL 33133  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Hampton G Booker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 305443-6622  
Date Daytime Phone #

CR2E034 (10/02)