

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000016200**

1. Entity Name

INFOQUEST INTERNET TECHNOLOGIES, INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90055 017 ***150.00

Principal Place of Business 621 NORTHWEST 53RD STREET SUITE 240-25 BOCA RATON FL 33487	Mailing Address 621 NORTHWEST 53RD STREET SUITE 240-25 BOCA RATON FL 33487-8235
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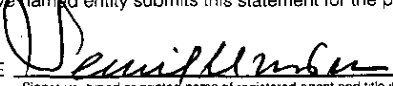


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 105 KAPOK CRESCENT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ROYAL PALM BEACH, FL	
Zip	Country	Zip	Country
		33411	U.S.A.

4. FEI Number 65-0814983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent URESIN, SEMIH 5650 PACIFIC BLVD #1102 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name SEMIH URESIN Street Address (P.O. Box Number is Not Acceptable) 105 KAPOK CRESCENT City ROYAL PALM BEACH FL Zip Code 33411	
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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  DATE 4/28/2000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECK, DAVID B 621 NORTHWEST 53RD STREET BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV URESIN, SEMIH 621 NORTHWEST 53RD STREET BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:  4/28/2000 (561) 798-2536 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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CR2E034 (9/99)