

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90055 017 ***150.00

DOCUMENT # P98000016200

1. Entity Name
INFOQUEST INTERNET TECHNOLOGIES, INC.

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



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 33411 | Country 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**

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]* DATE: **4/28/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | 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 |
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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: *[Signature]* DATE: **4/28/2000** (561) 798-2536
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)