2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am secretary of State P98000016200 DOCUMENT # 1. Entity Name 05-27-2002 90382 019 ***150 00 INFOQUEST INTERNET TECHNOLOGIES, INC. Principal Place of Business Mailing Address 621 NW 53 STREET 621 NW 53 STREET DOILING SUITE 240 SUITE 240 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0814983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7.: Name and Address of New Registered Agent ---Name PECK, DAVID Street Address (P.O. Box Number is Not Acceptable) **621 NW 53 STREET** SUITE 240 🎚 **BOCA RATON FL 33487** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 PECK, DAVID B. Change ☐ Addition TITLE ☐ Delete TITLE NAME PECK. DAVID B NAME 621 NW 53 STREET, SUITE 240 **621 NORTHWEST 53RD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP **BOCA RATON FL 33487** SDV M Change ☐ Addition SDV ☐ Delete TITLE TITLE URESIN, SEMIH NAME NAME URESIN, SEMIH 621 NW 53 STREET, SUITE 240 STREET ADDRESS **621 NORTHWEST 53RD STREET** STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

LEWEDUIR EMIH "SAM" URESIN

SIGNATURE:

FILED