

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90447 013 ***150.00

DOCUMENT # P98000084104

1. Entity Name

INFOSAVVY SOFTWARE GROUP, INC.

Principal Place of Business

9645 BAYMEADOWS RD.
#942
JACKSONVILLE FL 32256

Mailing Address

9645 BAYMEADOWS RD.
#942
JACKSONVILLE FL 32256

2. Principal Place of Business

2884 TENNIS CLUB DR.

3. Mailing Address

2884 TENNIS CLUB DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

702

702

City & State
WEST PALM BEACH
FL

City & State
WEST PALM BEACH, FL

Zip

Country

Zip

Country

33417

U.S.

33417

U.S.A.

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
RONAK C. SHAH
Street Address (P.O. Box Number is Not Acceptable)
2884 TENNIS CLUB DR
702
City
WEST PALM BEACH FL Zip Code
33417

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

Ronak C. Shah

4/27/2001

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

(NOTE: Registered Agent 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, 2001 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 PSTD
NAME SHAH, AMIT J
STREET ADDRESS 4645 BAYMEADOWS RD #942
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SHAH, AMIT J
STREET ADDRESS 2884 TENNIS CLUB DR #702
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE:

Amit Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 609-977-6777

Date

Daytime Phone #

CR2E034 (10/00)