

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90212 001 ***150.00

DOCUMENT # P98000100719

1. Entity Name

INFOMECON CONSULTING GROUP, INC.

Principal Place of Business

10241 ALLAMANDA CIRCLE
 PALM BEACH GARDENS FL 33410

Mailing Address

10241 ALLAMANDA CIRCLE
 PALM BEACH GARDENS FL 33410-5221

2. Principal Place of Business

7837 West Sample Rd.

3. Mailing Address

7837 West Sample Rd.

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0895254

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOULAD, KAMRAN
 10241 ALLAMANDA CIRCLE
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Change of address

SIGNATURE

Kamran Fouladi **KAMRAN FOULADI** Vice President

4/17/00

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

(NOTE: Registered Agent signature required when re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	D <input type="checkbox"/> Delete
NAME	HEJAZI, SARA
STREET ADDRESS	10241 ALLAMANDA CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> Delete
NAME	FOULADI, KAMRAN
STREET ADDRESS	10241 ALLAMANDA CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Kamran Fouladi **KAMRAN FOULADI**

4/17/00

(561) 796-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 (1/14/1999)