

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040174

1. Entity Name

SGM INFOTECH INC.

Principal Place of Business

623 BOHANNON BLVD.
ORLANDO FL 32824

Mailing Address

623 BOHANNON BLVD.
ORLANDO FL 32824

2. Principal Place of Business

7041 Grand National Dr.

3. Mailing Address

Suite, Apt. #, etc.

128 E

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32819

Country

USA

Zip

Country

4. FEI Number

593612186

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D KHAN, NIZAMUDDIN 3532 MONT MARTER DR. #1106 ORLANDO FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALIM PATEL 14025 Fairway Island Dr. Orlando, FL - 32837	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALEKAR, AMIT 132 E CANDLEWYCK DR #402 KALAMAZOO MI 49001	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIFA KHAN 623 Bohannon Blvd Orlando - FL - 32824	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ambasin Khan 623 Bohannon Blvd Orlando - FL - 32824	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nizamuddin Khan 623 Bohannon Blvd Orlando - FL - 32824	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/00 (407)370-3044

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90015 035 ***550.00

00100010



DO NOT WRITE IN THIS SPACE