

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042697

1. Entity Name

IMRGLOBAL - CINERGI CONSULTING PARTNERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90034 039 ***150.00

Principal Place of Business

Mailing Address

26750 U.S. HWY. 19. NORTH. STE. 500
CLEARWATER FL 33761

26750 U.S. HWY. 19. NORTH. STE. 500
CLEARWATER FL 33761-3460

2. Principal Place of Business

3. Mailing Address

100 South Missouri Ave
Suite, Apt. #, etc.

100 South Missouri Ave
Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33756

USA

33756

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3581356

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

PATEL, DILIP

26750 U.S. HWY. 19, NORTH, STE. 500
CLEARWATER FL 33761

Name

IMRglobal Corp.

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

Attn: General Counsel

100 South Missouri Ave.

City

Clearwater,

FL

Zip Code

33756

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]

IMRglobal Corp by
DILIP PATEL, GRC, V-P, S

4/10/00

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, 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 ☐ Delete
NAME D
STREET ADDRESS SANAN, SATISH K
CITY-ST-ZIP 26750 U.S. HWY. 19, NORTH, STE. 500
CLEARWATER FL 33761

TITLE ☐ Delete
NAME D
STREET ADDRESS ADDONISIO, VINCENT
CITY-ST-ZIP 26750 U.S. HWY. 19, NORTH, STE. 500
CLEARWATER FL 33761

TITLE ☒ Delete
NAME D
STREET ADDRESS HINDMAN, JOHN R
CITY-ST-ZIP 26750 U.S. HWY. 19, NORTH, STE. 500
CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 South Missouri Ave.
CITY-ST-ZIP Clearwater, FL 33756

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Same as above
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME -V/S
STREET ADDRESS Dilip Patel, Dilip
CITY-ST-ZIP 100 South Missouri Ave
Clearwater, FL 33756

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

TITLE ☐ Change ☐ 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:

[Signature]

DILIP PATEL

VP - S

4/4/00

727 467 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)