

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054751

1. Entity Name

INFORCOM CORP.

Principal Place of Business

8660 NW 5TH TERRACE
#109
MIAMI FL 33126

Mailing Address

8660 NW 5TH TERRACE
#109
MIAMI FL 33126

2. Principal Place of Business

220 THREE ISLAND BLVD

Suite, Apt. #, etc.

206

3. Mailing Address

220 THREE ISLAND BLVD

Suite, Apt. #, etc.

206

City & State

HALLANDALE FL

Zip

33009

Country

City & State

HALLANDALE FL

Zip

33009

Country

4. FEI Number

65-0927550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUSA, SHELLEY J
8660 NW 5TH TERRACE
#109
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

SHELLEY J. SOUSA

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

220 THREE ISLAND BLVD, #206

City

HALLANDALE

FL

Zip Code

33009

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

Shelley J. Sousa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 02/15/01

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	D	<input type="checkbox"/> Delete
NAME	SOUSA, SHELLEY J	
STREET ADDRESS	8660 NW 5TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOS SANTOS, ROBSON J	
STREET ADDRESS	8660 NW 5TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUSA, LUCIANE F.	
STREET ADDRESS	220 THREE ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE, FL 33009	
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

Shelley J. Sousa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X SHELLEY J. SOUSA

Date

X 02/15/01

Daytime Phone #

786-4931178

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90314 050 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)