

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # .. P99000DS4751

1. Entity Name

INFORCOM CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -7 PM 12:01

DO NOT WRITE IN THIS SPACE

600008307076--7
-10/10/02--01053--008
****150.00 ****150.00

2. Principal Place of Business
238 E COMMERCIAL BLVD

3. Mailing Address
238 E COMMERCIAL BLVD

Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.
#2

City & State
LAUDERDALE-BY-THE-SEA, FL

City & State
LAUDERDALE-BY-THE-SEA, FL

4. FEI Number
65-0927550

Applied For
Not Applicable

Zip
33308

Country
USA

Zip
33308

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SHELLEY J. SOUSA

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

3219 S PORT ROYALE DR APT.#B

City FORT LAUDERDALE FL Zip Code
33308

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

10/03/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME SOUSA, SHELLEY J.
STREET ADDRESS 3219 S PORT ROYALE DR APT.#B
CITY - ST - ZIP FORT LAUDERDALE FL 33308

TITLE D
NAME SOUSA, LUCIANE F.
STREET ADDRESS 3219 S PORT ROYALE DR APT.#B
CITY - ST - ZIP FORT LAUDERDALE FL 33308

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/02

Date

954-491-8755

Daytime Phone #

CR2E034B (12/01)

2/2

INFORCOM CORP.

238 E COMMERCIAL BLVD #2
LAUDERDALE-BY-THE-SEA, FL 33308
PHONE: 954-491-8755
FAX: 954-491-8733

October 3, 2002

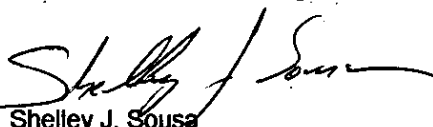
**UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O.BOX 1500
TALLAHASSEE, FL 32302-1500**

To Whom It May Concern:

THIS LETTER IS TO INFORM THAT WE DID NOT RECEIVE THE PREVIEW UNIFORM BUSINESS REPORT.

THAT'S THE REASON WE ARE SUBMITTING TODAY THE PAYMENT FEE (\$150.00).

Respectfully yours,


Shelley J. Sousa
President