

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90325 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000099431**

**1. Entity Name**  
**INFO EXCHANGE (NA) INC.**

<b>Principal Place of Business</b> <del>1050 NORTHWEST 76TH AVE</del> <del>PLANTATION FL 33322</del>	<b>Mailing Address</b> <del>1050 NORTHWEST 76TH AVE</del> <del>PLANTATION FL 33322</del>
--	--

<b>2. Principal Place of Business</b> <b>251 SOUTH STATE ROAD 7</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>251 SO. STATE ROAD 7</b> Suite, Apt. #, etc.
---	---

<b>City &amp; State</b> <b>PLANTATION, FL</b>	<b>City &amp; State</b> <b>PLANTATION, FL</b>
<b>Zip</b> <b>33317</b>	<b>Zip</b> <b>33317</b>
<b>Country</b> <b>USA</b>	<b>Country</b> <b>USA</b>

<b>4. FEI Number</b> <b>65-0961215</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~SPIEGEL & UTRERA, P.A.~~  
~~340 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

**7. Name and Address of New Registered Agent**

**Name**  
**ADRIAN H. SNAGG**

**Street Address (P.O. Box Number is Not Acceptable)**  
**251 SO. STATE ROAD 7**

**City** **PLANTATION** **FL** **Zip Code** **33317**

**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** **ADRIAN H. SNAGG, REGISTERED AGENT 4/26/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSTD</b> <b>WALTER-ALLEN, ANN MARIE</b> <del>1050 NORTHWEST 76TH AVE</del> <del>PLANTATION FL 33322</del> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>251 SO. STATE ROAD 7</b> <b>PLANTATION, FL 33317</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerer.**

**SIGNATURE:** **ANN MARIE WALTER-ALLEN 4/26/02 954-584-2088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)