

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91345 004 \*\*\*150.00

0212378 AV

**DOCUMENT # P02000022246**

**1. Entity Name**  
**INFINITUS CORPORATION**



**Principal Place of Business**  
**5201 BLUE LAGOON DRIVE**  
**SUITE 630**  
**MIAMI FL 33126**

**Mailing Address**  
**5201 BLUE LAGOON DRIVE**  
**SUITE 630**  
**MIAMI FL 33126**

**2. Principal Place of Business**  
**7225 NW 25th Street**

**3. Mailing Address**  
**7225 NW 25th Street**

**Suite, Apt. #, etc.**  
**Suite 107**

**Suite, Apt. #, etc.**  
**Suite 107**

**City & State**  
**Miami, FLORIDA**

**City & State**  
**Miami, FLORIDA**

**4. FEI Number**  
**352160761**

**Applied For**  
**Not Applicable**

**Zip**  
**33122**

**Country**  
**USA**

**Zip**  
**33122**

**Country**  
**USA**

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

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

**ROJAS, JAIME FELIPE**  
**5201 BLUE LAGOON DRIVE, SUITE 603**  
**MIAMI FL 33126**

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

**Name**  
**Jaime Felipe Rojas**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7225 NW 25th Street, Suite 107**  
**City**  
**Miami** **FL** **Zip Code**  
**33122**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/25/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTS</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ROJAS, JAIME FELIPE</b>	
<b>STREET ADDRESS</b>	<b>5201 BLUE LAGOON DRIVE, SUITE 603</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33126</b>	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ROJAS, JAIME FELIPE</b>	
<b>STREET ADDRESS</b>	<b>5201 BLUE LAGOON DRIVE, SUITE 603</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33126</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>Secretary</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Diana Patricia Garcia</b>	
<b>STREET ADDRESS</b>	<b>7225 NW 25th Street, Suite 107</b>	
<b>CITY-ST-ZIP</b>	<b>Miami, FL 33122</b>	
<b>TITLE</b>	<b>President</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Jaime Felipe Rojas</b>	
<b>STREET ADDRESS</b>	<b>7225 NW 25th Street, Ste 107</b>	
<b>CITY-ST-ZIP</b>	<b>Miami FL 33122</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED** **Jaime F. ROJAS**

**4/25/03 (305) 418-4664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)