

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

DOCUMENT # P95000007749
 1. Entity Name **INFINITI CAPITAL BANKERS, CORP.**

FILED
 02 OCT 8 AM 11:34

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business
7955 CORAL WAY
 Suite, Apt. #, etc.
 City & State
MIAMI, FLORIDA
 Zip Country
33155 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT
 DO NOT WRITE IN THIS SPACE
 4. FEI Number 650561185
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name GRACE HERRERA
 Street Address (P.O. Box Number is Not Acceptable)
7955 CORAL WAY
 City MIAMI FL Zip Code 33155

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 Grace Herrera (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE 10/17/02

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PVST</u> <u>GRACE HERRERA</u> <u>7955 CORAL WAY</u> <u>MIAMI, FLORIDA 33155</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100008704761</u> <u>10/30/02--01108--006 **758.75</u>
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Grace Herrera GRACE HERRERA 10/17/02 (305)265-9787
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #