

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91193 045 \*\*\*158.75

DOCUMENT # **P99000073867**  
 1. Entity Name  
**INFINITI GROUP INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**627 CEDAR BEND CIR**      **627 CEDAR BEND CIR**  
**SUITE 201**      **SUITE 201**  
**ORLANDO, FL 32825**      **ORLANDO, FL 32825**

**659054**

2. Principal Place of Business      3. Mailing Address  
**9565 DUBOIS BLVD**      **9565 DUBOIS BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**ORLANDO, FL**      **ORLANDO, FL**      **59-3593501**      Not Applicable

Zip      Country      Zip      Country      3. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32825**      **USA**      **32825**      **USA**           

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SPIEGAL & LUTRERA, P.A.**  
**343 ALMERIA AVE**  
**CORAL GABLES, FL 33134**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD</b> <input checked="" type="checkbox"/> Delete <b>NIAZY, NABIL A.</b> <b>627 CEDAR BEND CIR, SUITE 201</b> <b>ORLANDO, FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TUBBS, JASMINE</b> <b>9565 DUBOIS BLVD.</b> <b>ORLANDO, FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <input checked="" type="checkbox"/> Delete <b>NIAZY, AHMED N.</b> <b>627 CEDAR BEND CIR, SUITE 201</b> <b>ORLANDO, FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.

SIGNATURE: Jasmine Tubbs      05/21/2001      407-937-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

CR2E034 (11/00)