FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020433 ✓

1. Entity Name
INFINITE RACE INC

FILED
02 JUN 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
35554

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12455 KEYSTONE ISLAND DR	12455 KEYSTONE ISLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N. MIAMI. FL	City & State N. MIAMI. FL
Zip 33181 Country	Zip 33181 Country

DO NOT WRITE IN THIS SPACE
05-14-02 90351 041 $150.00

4. FEI Number 65-0734214 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name JACKI TAKO
Street Address (P.O. Box Number Is Not Acceptable)
12455 KEYSTONE ISLAND DR
City N. MIAMI FL Zip Code 33181

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

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	P	TITLE	
NAME	TAKO REUVEN	NAME	
STREET ADDRESS	12455 KEYSTONE ISLAND DR.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI. FL. 33181	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	TAKO JACKI	NAME	
STREET ADDRESS	12455 KEYSTONE ISLAND DR	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI. FL. 33181	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

6/25

CR2E034B (12/01)

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: [signature] 6/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #