

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000039**

1. Entity Name
INFINITY ELECTRONICS HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -1 AM 9:10

Principal Place of Business
**10600 NW 29 TERRACE
MIAMI FL 33172**

Mailing Address
**10600 NW 29 TERRACE
MIAMI FL 33172-2195**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0640162**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, PAUL F CPA
200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7860 PETERS ROAD, F110

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

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P9400001864**
NAME **INFINITY ELECTRONICS, INC.**
STREET ADDRESS **10600 NW 29 TERRACE**
CITY - ST - ZIP **MIAMI FL 33172**

STREET ADDRESS
CITY - ST - ZIP

mf 3/14/00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *ENRIQUE ZENDELMAN* **SIGNATURE REQUIRED** Genl Partner 1-24-00 305-513-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)