

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90114 044 ***150.00

DOCUMENT # F01000005221

1. Entity Name
INFINITE SPACE SYSTEMS, INC.

Principal Place of Business
11911 U.S. HIGHWAY ONE, SUITE 306
NORTH PALM BEACH FL 33408

Mailing Address
11911 U.S. HIGHWAY ONE, SUITE 306
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7121 FAIRWAY DRIVE
 Suite, Apt. #, etc.
STE 104

3. Mailing Address

7121 FAIRWAY DRIVE
 Suite, Apt. #, etc.
STE 104

City & State
PALM BEACH GARDENS, FL
Zip **33418**
Country

City & State
PALM BEACH GARDENS, FL
Zip **33418**
Country

4. FEI Number **59-3175775**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

ATHINGOS, ANNA K
11911 U.S. HIGHWAY ONE, SUITE 306
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **ATHINEOS, ANNA K**
Street Address (P.O. Box Number is Not Acceptable)
7121 FAIRWAY DRIVE, STE 104
City **PALM BEACH GARDENS FL** **Zip Code** **33418**

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 *Anna K Athineos*

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

(NOTE: Registered Agent signature required when reinstating)

1/17/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **KAVAS, THANOS A**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VD** ☐ **Delete**
NAME **ATHINEOS, ALEX**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **ST** ☐ **Delete**
NAME **ATHINEOS, ANNA K**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **CD** ☐ **Delete**
NAME **KULUKUNDIS, M. MICHAEL**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ **Delete**
NAME **MCMAMARA, JAMES J**
STREET ADDRESS **11911 U.S. HIGHWAY ONE, SUITE 306**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT + COO** ☐ **Change** ☒ **Addition**
NAME **ROBSON RIBERIO**
STREET ADDRESS **7121 FAIRWAY DRIVE, STE 104**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **DIRECTOR ONLY** ☒ **Change** ☐ **Addition**
NAME **ALEX ATHINEOS**
STREET ADDRESS **7121 FAIRWAY DRIVE STE 104**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **ST** ☒ **Change** ☐ **Addition**
NAME **ANNA K ATHINEOS**
STREET ADDRESS **7121 FAIRWAY DRIVE STE 104**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **CO** ☒ **Change** ☐ **Addition**
NAME **MICHAEL M. KULUKUNDIS**
STREET ADDRESS **7121 FAIRWAY DRIVE, STE 104**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **JAMES J. MCMAMARA**
STREET ADDRESS **7121 FAIRWAY DRIVE STE 104**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Anna K Athineos*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 **561-422-0400**
 Date Daytime Phone #

CR2E034 (9/01)