

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G97548

1. Entity Name

INFINITE AUDIO SYSTEMS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90089 022 ***150.00

0003583

Principal Place of Business

Mailing Address

152 S.W. 8TH STREET
MIAMI FL 33130
US

152 S.W. 8TH STREET
MIAMI FL 33130
US

2. Principal Place of Business

152 S.W. 8th Street
Suite, Apt. #, etc.

3. Mailing Address

152 SW 8th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2394895

Applied For

Not Applicable

Zip

33130

Country

U.S.A

Zip

33130

Country

U.S.A

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSSAINT, LORD
4915 ORDUNA DRIVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

04/23/01

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
TOUSSAINT, LORD
4915 ORDUNA DRIVE
CORAL GABLES FL 33146

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

205-859-7449

Daytime Phone #

CR2E034 (10/00)