

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016100 AF

DOCUMENT # L00000010033

1. Entity Name  
INFINITE IDEAS IN MARKETING LLC

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3561 SILVERLACE LANE. UNIT 64  
BOYNTON BEACH FL 33436

Mailing Address  
3561 SILVERLACE LANE. UNIT 64  
BOYNTON BEACH FL 33436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6483 Terra Rosa Cir  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 740433  
Suite, Apt. #, etc.

City & State  
Boynton Bch, FL  
Zip  
33437  
Country  
USA

City & State  
Boynton Bch, Florida  
Zip  
334740433  
Country  
USA

4. FEI Number  
65-1032437

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SHUBERT, KRIS  
3561 SILVERLACE LANE, UNIT 64  
BOYNTON BEACH FL 33436

## 7. Name and Address of New Registered Agent

Name  
Diane R. Monaco  
Street Address (P.O. Box Number is Not Acceptable)  
6483 Terra Rosa Cir  
City  
Boynton Bch FL Zip Code  
33437

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

3/14/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROSSI, BRENDA  
6471 TERRA ROSA CIRCLE  
BOYNTON BEACH FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MONACO, DIANE  
6483 TERRA ROSA CIRCLE  
BOYNTON BEACH FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHUBERT, KRIS  
3561 SILVERLACE LANE, UNIT 64  
BOYNTON BEACH FL 33436 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004314855--5  
-05/24/01--01039--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Diane R. Monaco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/01 361-737-3185  
Date Daytime Phone #

CR2E083 (11/00)