

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92212 011 ****50.00

DOCUMENT # L02000024037

1. Entity Name
INFINITY TECHNOLOGIES, LLC
I-BIZNEZ NETWORK SOLUTIONS, LLC

Principal Place of Business
2950 S. COUNTRY CLUB LANE
HALLANDALE FL 33005

Mailing Address
2950 S. COUNTRY CLUB LANE
HALLANDALE FL 33005

2. Principal Place of Business
2401 SW 31ST AV
Suite, Apt. #, etc.
BAY H-6
City & State
PEMBROKE PARK
Zip
33009 Country
USA

3. Mailing Address
2401 SW 31ST AV
Suite, Apt. #, etc.
BAY H-6
City & State
PEMBROKE PARK
Zip
33009 Country
USA



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
IBANEZ, GIANNINA
3041 RIVERSIDE DR
CORAL SPRINGS FL 33065

4. FEI Number
36-4526084

Applied For
☐ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** (NOTE: Registered Agent signature required when reinstating)

DATE **4/30/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IBANEZ, GIANNINA 3041 RIVERSIDE DR CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNOZ, LUIS 9715 FONTAINEBLEAU BLVD APT #111 MIAMI FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELASQUEZ, JUAN J 15302 SW 105TH AVE MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSAD, CHARLES 327 LAKEVIEW DR APT. 204 WESTON FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, FELIX 1806 NW 37 ST OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **SIGNATURE REQUIRED** **4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)