

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007844

1. Entity Name

TGP SWITCHING, LLC
Infinity Net LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

Principal Place of Business

8271 S.W. 172ND STREET
MIAMI FL 33157
2601 S. Bayshore Drive
PH 1B
Coconut Grove, FL. 33133

Mailing Address

8271 S.W. 172ND STREET
MIAMI FL 33157-4768
2601 S. Bayshore Drive
PH 1B
Coconut Grove, FL. 33133

2. Principal Place of Business

2601 S. Bayshore Drive
Suite, Apt. #, etc.
PH 1B
City & State
Coconut Grove, FL.

3. Mailing Address

2601 S. Bayshore Drive
Suite, Apt. #, etc.
PH 1B
City & State
Coconut Grove, FL.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
65-1013903

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
SUITE 600
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE Manager
NAME David Godwin
STREET ADDRESS 2601 S. Bayshore Drive PH 1B
CITY-ST-ZIP Coconut Grove, FL. 33133

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

DAVID Godwin, MAR 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(305) 856-9444