

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90333 038 ***150.00

DOCUMENT # P00000058963

1. Entity Name
INFINITY MORTGAGE COMPANY OF FT. LAUDERDALE

Principal Place of Business

1802 N. UNIVERSITY DRIVE #203B
PLANTATION FL 33322

Mailing Address

1802 N. UNIVERSITY DRIVE #203B
PLANTATION FL 33322

B0131313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1822B N UNIVERSITY DR
 Suite, Apt. #, etc.

P.O. Box 450652
 Suite, Apt. #, etc.

City & State
Plantation FL

City & State
Sunrise FL

4. FEI Number **65-1041589**

Applied For
☐ **Not Applicable**

Zip **33322** **Country** **U.S.**

Zip **33345** **Country** **U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, MICHAEL
2400 W. CYPRESS CREEK RD., SUITE 100
FT. LAUDERDALE FL 33309

Name **Michael Silva**
Street Address (P.O. Box Number is Not Acceptable)
1822B N UNIVERSITY DR
City **Plantation** **FL** **Zip Code** **33322**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002, Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVA, MICHAEL	
STREET ADDRESS	2400 W. CYPRESS CREEK RD., SUITE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Silva

7/19/02 954472-0353

CR2E034 (4/02)

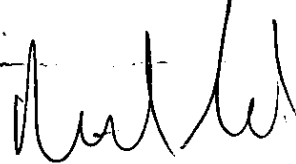
Attachment P000000058963

To Whom It May Concern,

7/22/02

I Michael Silva of Infinity Mtg Co Of Ft
Lauderdale never received the renewal for my
corporation till 7/15/02 so I called you guys and one of
your representatives stated that a lot of businesses did not
receive theirs so it was okay to send the \$150.00 due to it
being your mistake.

Thank You,
Michael Silva

A handwritten signature in black ink, appearing to read 'Michael Silva', written over a horizontal dashed line.