FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P000000 90841~~

1. Entity Name _INFiNITY INVESTMENTS INC._

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _5721 SW 154 Place_
3. Mailing Address _5721 SW 154 Place_

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, State _Miami, FLORIDA_

City, State _Miami, FLORIDA_

Zip _33185_   County _U.S.A_

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4. FEI Number _65-1131216_

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name _MARIA E COLLAZO_

Street Address (P.O. Box Number is Not Acceptable)

5721 SW. 154 Place

City _Miami_   FL   Zip _33185_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP	TITLE	
NAME	MARIA E. COLLAZO	NAME	
STREET ADDRESS	5721 SW 154 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33185	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	JORGE P. COLLAZO	NAME	
STREET ADDRESS	5721 SW, 154 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLA 33185	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	DO NOT WRITE
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ _Jorge P. Collazo_ _4/29/02_ _305-221-0870_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)