

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90368 026 ***150.00

DOCUMENT # P01000005410

1. Entity Name

INFINITY INSURANCE CONSULTANTS, INC.

Principal Place of Business

**4045 SHERIDAN AVE. #157
 MIAMI BEACH FL 33140**

Mailing Address

**4045 SHERIDAN AVE. #157
 MIAMI BEACH FL 33140**

2. Principal Place of Business

Infinity Insurance Consultants

3. Mailing Address

Infinity Insurance Consultants

Suite, Apt. #, etc.

602 NE 1st

Suite, Apt. #, etc.

4045 Sheridan Ave #157

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33132

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-1067389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JATZLAU, GARY W JR.

4045 SHERIDAN AVE. #157

MIAMI BEACH FL 33140

Name

Ja

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Gary W. Jatzlau Jr. Gary W. Jatzlau Jr. 4-30-02

Signature, typed or printed name of registered agent and date 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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **PVD** ☐ Delete
 NAME **JATZLAU, GARY W JR.**
 STREET ADDRESS **1384 WASHINGTON STREET #131**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☐ Delete
 NAME **JATZLAU, JULIA D**
 STREET ADDRESS **1384 WASHINGTON STREET #131**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Gary W. Jatzlau Jr. Gary W. Jatzlau Jr. 4-30-02 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **219-0913**

CR2E034 (9/01)