

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90110 023 \*\*\*163.75

**DOCUMENT # P01000005410**

1. Entity Name  
**INFINITY INSURANCE CONSULTANTS, INC.**



Principal Place of Business  
**INFINITY INSURANCE CONSULTANTS**  
**62 NE 1 ST.**  
**MIAMI BEACH FL 33132**

Mailing Address  
**INFINITY INSURANCE CONSULTANTS**  
**4045 SHERIDAN AVE #157**  
**MIAMI BEACH FL 33140**



2. Principal Place of Business  
**1395 SW 22 Street**  
Suite, Apt. #, etc.  
**2F**

3. Mailing Address  
**4045 Sheridan Ave**  
Suite, Apt. #, etc.  
**157**

City & State  
**MIAMI, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number **65-1067389**

Applied For  
Not Applicable

Zip **33145** Country **U.S.A.**

Zip **33140** Country **U.S.A.**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JATZLAU, GARY W JR.**  
**4045 SHERIDAN AVE. #157**  
**MIAMI BEACH FL 33140**

Name

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

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Change ☒ Addition  
NAME **Maricela Lugones**  
STREET ADDRESS **2623 NW 22 Ct #UF**  
CITY-ST-ZIP **Miami, FL 33142**

TITLE **MD** ☐ Change ☒ Addition  
NAME **Jason Jatzlau**  
STREET ADDRESS **4800 South Pine Island Rd #55**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **PVD** ☒ Change ☐ Addition  
NAME **Gary Jatzlau**  
STREET ADDRESS **4800 S. Pine Island Rd #55**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **CD** ☐ Change ☒ Addition  
NAME **HOMER SELLARS**  
STREET ADDRESS **2540 NW 111 ST**  
CITY-ST-ZIP **MIAMI, FL 33167**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY W JATZLAU, President** **1-9-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)