

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90212 031 \*\*\*150.00

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DOCUMENT # P02000042355

1. Entity Name  
INFINITY SUPPORT, INC.



Principal Place of Business

530 NW 45 STREET  
MIAMI FLORIDA 33127 N/A

Mailing Address

530 NW 45 STREET  
MIAMI FLORIDA 33127 N/A

2. Principal Place of Business

1441 NW 19 STREET MIAMI, FL 33125

3. Mailing Address

1441 NW 19 STREET MIAMI, FL 33125

Suite, Apt. #, etc.

131

Suite, Apt. #, etc.

131

City & State

Miami FL

City & State

Miami FL

Zip

33125

Country

USA

Zip

33125

Country

USA

4. FEI Number

77-0589303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TIMOTHE, ANNIDE J  
530 NW 45 STREET  
MIAMI FL 33127 N/A

7. Name and Address of New Registered Agent

Name: Joel Dantes SR  
Street Address (P.O. Box Number is Not Acceptable)

1441 NW 19 STREET #131

City: Miami

FL

Zip Code: 33125

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

**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	P	<input checked="" type="checkbox"/> Delete
NAME	TIMOTHE, ANNIDE J	
STREET ADDRESS	530 NW 45 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANTES, JOEL SR	
STREET ADDRESS	1441 NW 19 STREET #131	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Dantes SR	
STREET ADDRESS	1441 NW 19 STREET #131	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

305 547 2552

Date

Daytime Phone #

CR2E034 (10/02)