2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90192 029 ***158.75

DOCUMENT #: P94000017160

638672

1. Entity Name
INFINITI OF POMPANO, INC.

Principal Place of Business
4524 GUN CLUB ROAD
STE 101
WEST PALM BEACH, FL. 33415
US

Mailing Address
4524 GUN CLUB ROAD
STE 101
WEST PALM BEACH, FL. 33415
US

2. Principal Place of Business
2010 AVENUE B
Suite, Apt. #, etc.

City & State: RIVIERA BEACH, FL.
Zip: 33404
Country: PALM BEACH

3. Mailing Address
P.O. BOX 10478
Suite, Apt. #, etc.

City & State: RIVIERA BEACH FL.
Zip: 33419-0478
Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0477683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLAS E. THOMPSON
4524 GUN CLUB ROAD
STE #101
WEST PALM BEACH, FL. 33415

7. Name and Address of New Registered Agent

Name: DOUGLAS E. THOMPSON
Street Address (P.O. Box Number is Not Acceptable): 1280 NORTH CONGRESS AVENUE
SUITE 109
City: WEST PALM BEACH FL Zip Code: 33409

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: DOUGLAS E. THOMPSON 04/05/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
DPS JEANETTE STALUPPI 4524 GUN CLUB RD, STE 101 WEST PALM BEACH, FL 33415		DPS JEANETTE STALUPPI 2010 AVENUE B RIVIERA BEACH, FL. 33404	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E104 (9/99)

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: JEANETTE STALUPPI PRESIDENT 04/07/00 (561) 844-7148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #