

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90190 015 ***158.75

DOCUMENT # P94000017804
 Entity Name
INFINITI OF BROWARD, INC.

Principal Place of Business
524 GUN CLUB ROAD
SUITE 101
WEST PALM BEACH, FL. 33415

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

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

3. Mailing Address
2010 AVENUE B
 Suite, Apt. #, etc.

City & State
RIVIERA BEACH, FL

City & State
RIVIERA BEACH, FL

Zip
33404

Country
US

4. FEI Number
65-0472328

Applied For
 Not Applicable

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

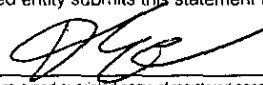
A0048665

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THOMPSON, DOUGLAS E.
524 GUN CLUB ROAD
SUITE 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** **04/24/00**
 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	
TITLE DPS NAME JOHN STALUPPI <input type="checkbox"/> Delete STREET ADDRESS 4524 GUN CLUB ROAD STE 101 CITY-ST-ZIP WEST PALM BEACH, FL. 33415		TITLE NAME DPS JOHN STALUPPI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2010 AVENUE B CITY-ST-ZIP RIVIERA BEACH, FL. 33404	
TITLE S NAME JEANETTE STALUPPI <input type="checkbox"/> Delete STREET ADDRESS 4524 GUN CLUB ROAD STE 101 CITY-ST-ZIP WEST PALM BEACH, FL 33415		TITLE NAME S JEANAET STALUPPI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2010 AVENUE B CITY-ST-ZIP RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOHN STALUPPI** **04/19/00** **(561) 844-7148**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #