

**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

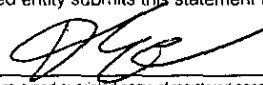
**A0048665**

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 <b>DPS</b> NAME <b>JOHN STALUPPI</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4524 GUN CLUB ROAD STE 101</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33415</b>		TITLE NAME <b>DPS</b> <b>JOHN STALUPPI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>2010 AVENUE B</b> CITY-ST-ZIP <b>RIVIERA BEACH, FL. 33404</b>	
TITLE <b>S</b> NAME <b>JEANETTE STALUPPI</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4524 GUN CLUB ROAD STE 101</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME <b>S</b> <b>JEANAET STALUPPI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>2010 AVENUE B</b> CITY-ST-ZIP <b>RIVIERA BEACH, FL 33404</b>	
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
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
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
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 #