

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042292

1. Entity Name

INFINITY TECHNOLOGIES, INC.

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90050 032 \*\*\*150.00

Principal Place of Business

Mailing Address

P. O. BOX 557757  
MIAMI FL 33255-7757  
US

P. O. BOX 557757  
MIAMI FL 33255-7757  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0495775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELMSLIE, DINA  
8500 S.W. 155TH TERRACE  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **WALTER L. REVELL**

Street Address (P.O. Box Number is Not Acceptable)

**528 ALTARA AVENUE**

City **CORAL GABLES**

**FL**

Zip Code **33146-1302**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**WALTER L. REVELL**

(NOTE: Registered Agent signature required when reinstating)

**April 1, 2001**

DATE

9. 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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO**  
**REVELL, WALTER L**  
**528 ALTARA AVE**  
**CORAL GABLES FL 33146**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**REVELL, SHEILA W**  
**528 ALTARA AVE**  
**CORAL GABLES FL 33146**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**REVELL, KEITH D**  
**16035 NW 64TH AVE, APT 112**  
**MIAMI FL 33014**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**14421 NW 83RD AVE.**  
**MIAMI LAKES FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**REVELL, ELLIOT N**  
**8500 SW 155 TERR**  
**MIAMI FL 33157**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD**  
**ELMSLIE, DINA C**  
**8500 SW 155TH TERR.**  
**MIAMI FL 33157**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTER L. REVELL** **April 1, 2001**

Date

Daytime Phone #

**305/567-1888 x 204**

CR2E034 (10/00)

0502271