## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P94000044848** INFINITY FINANCIAL GROUP INC. 04-24-2001 90237 047 \*\*\*150.00 Principal Place of Business Mailing Address 5320 NW 10TH TERRACE 5320 NW 10TH TERRACE FT LAUDERDALE FL 33309-3151 FT LAUDERDALE FL 33309-3151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0497815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7.-Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent VAZQUEZ, JOSEPH M II Street Address (P.O. Box Number is Not Acceptable) 5320 NW 10TH TERRACE FT LAUDERDALE FL 33309-3151 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE vazquez, Joseph M III NAME NAME 5320 NW 10TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33309 President Change ☐ Addition TITLE TITLE VAZquez, Jereph M 111 NAME NAME 5320 NW STREET ADDRESS STREET ADDRESS C+ lauder dply FL 33309 CITY-ST-ZIP CITY\_ST-ZIP\_ ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33309 TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NINTED NAME OF SIGNING OFFICER OR DIRECTOR