

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088012

1. Entity Name

INFINITY MORTGAGE GROUP, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90006 021 ***150.00

Principal Place of Business

16135 BISCAYNE BLVD
NO MIAMI FL 33180
US

Mailing Address

16135 BISCAYNE BLVD
NO MIAMI FL 33180-2801
US

2. Principal Place of Business

DAIR
1920 E Hallandale Beach Blvd.

Suite, Apt. #, etc.

809

City & State
Hallandale, FL

Zip
33009

Country
USA

3. Mailing Address

1920 E Hallandale Beach Blvd.

Suite, Apt. #, etc.

809

City & State
Hallandale, FL

Zip
33009

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0540409

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORDES, MELISSA
3530 MAGELLAN CIR
3617
AVENTURA FL 33180

Name

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

City

FL

Zip Code

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

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	PORDES, MELISSA	
STREET ADDRESS	3530 MAGELLAN CIRCLE-617	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Melissa Pordes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

(305) 933-1599

Daytime Phone #

CR2E034 (9/99)