## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000088012 **DOCUMENT #**

1. Entity Name

INFINITY MORTGAGE GROUP, INC.

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## Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90108 048 \*\*\*150.00

					1	WE TES	Ĺ					
Principal Place of Business 1920 E HALLANDALE BEACH BLVD 809 HALLANDALE FL 33009 US			Mailing Address 1920 E HALLANDALE BEACH BLVD 809 HALLANDALE FL 33009 US									
2. Principal Place of Business			3. Mailing Address				† ! <b>!!!</b>		ERIKI BOKII 96161 II	d <b>in 40</b> 411 <b>14</b> 101 (†	1818   ILLI 1981	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 65-0540409 Applied For Not Applicable					
Zip Countrý			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registere	gistered Agent			7. Name and Address of New Registered Agent					
					Name							
PORDES,	MELISSA						P.O. Box Number is Not Acceptable)					
3530 MAG	ELLAN CIR				Sileet	Addiess (1	F.O. DOX NUIT	iber is Not Accepta	Die)		!	
3617												
	A FL 33180								FL	Zip Code	÷	
	named entity	y submits this statement for ered agent.	the purpo	ose of changing its	registered office	or register	ed agent, or	both, in the State of	Florida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature typed	or printed name of registered agent a	ad title if anol	icable (NOTE	: Registered Agent sign	atura mouirad	, when reigntation		DATE			
	Signature, typeo	or printed harne or registered agent a	nu ine ii appi	icable. (NOTE	:: Registered Agent sign	alure required	when reinstating)		DATE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00					9.	Election Campaign Trust Fund Contribu	· -	<b>\$5.0</b> Added	<b>0</b> May Be	
Make Check	Payable to	Florida Department of	State								[	
10.		OFFICERS AND I	DIRECTO	RS	11.		ADDITION	NS/CHANGES TO C	FFICERS AND	DIRECTORS	3 IN 11	
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CITY-ST-ZIP					CITY-ST-ZIP	i					1	
12.   hereby o	certify that the	information supplied with	this filing	does not qualify for	the exemption st	ated in Se	ction 119.07(	3)(i), Florida Statute	es. I further cert	ify that the ir	formation	

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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

DE SJIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #