

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000 69751

1. Entity Name

INFINITY CABINETS USA, INC.

FILED

00 JUN -9 PM 2:59

Principal Place of Business

Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2210 W. 8<sup>TH</sup> CT.

3. Mailing Address

2210 W 8<sup>TH</sup> CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0606392

Applied For

Not Applicable

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

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

Name

FRANCISCO IRACE

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

2214 W. 8<sup>TH</sup> CT.

City

Hialeah

FL

Zip Code

33010

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

4/25/00

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
FRANCISCO IRACE  
2214 W. 8<sup>TH</sup> CT.  
Hialeah, FL 33010

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V, S  
FRANK SHEAR  
8761 SW 133 ST.  
MIAMI, FL 33176

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☒ Delete

GARY O SHEAR

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
RAMON IBARGOLLIN  
2214 W. 8<sup>TH</sup> CT.  
Hialeah, FL 33010

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

0000003297620-1

-06/22/00-01001-018

\*\*\*150.00 \*\*\*150.00

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

FRANCISCO IRACE

Date

4/25/00 (305) 8844316

Daytime Phone #

CR2E034 (0/00)