

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90320 010 \*\*\*150.00

0000847

**DOCUMENT # P95000069751**  
 1. Entity Name  
**INFINITY CABINETS USA, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2210 W. 8TH COURT<br/>HIALEAH FL 33010</b> | Mailing Address<br><b>2210 W. 8TH COURT<br/>HIALEAH FL 33010</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>7815 NW 72 Ave</b> | 3. Mailing Address<br><b>7068 SW 158 Path</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                           |

|                                  |                                 |
|----------------------------------|---------------------------------|
| City & State<br><b>Miami, FL</b> | City & State<br><b>Miami FL</b> |
| Zip<br><b>33166</b>              | Country<br><b>USA</b>           |
| Zip<br><b>33193</b>              | Country<br><b>USA</b>           |

|  |   |
|--|---|
| 4. FEI Number<br><b>65-0606392</b>                           | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

**6. Name and Address of Current Registered Agent**

**FRANCISCO, IRACE**  
**2214 W. 8TH STREET**  
**HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**

Name **FRANCISCO IRACE**

Street Address (P.O. Box Number is Not Acceptable)  
**7068 SW 158 Path**

City **Miami** FL Zip Code **33193**

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 **Francisco Irace** DATE **4/16/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

|   |  |
|---|--|
| TITLE NAME<br><b>P FRANCISCO, IRACE</b>       | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>2214 W. 8TH COURT</b>    |  |
| CITY-ST-ZIP<br><b>HIALEAH FL 33010</b>        |  |
| TITLE NAME<br><b>D IBARGOLLIN, RAMON</b>      | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br><b>2214 W. 8TH COURT</b>    |  |
| CITY-ST-ZIP<br><b>HIALEAH FL 33010</b>        |  |
| TITLE NAME<br><b>VS SHEAR, FRANK</b>          | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>8761 S.W. 133 STREET</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33176</b>          |  |
| TITLE NAME                                    | <input type="checkbox"/> Delete            |
| STREET ADDRESS                                |  |
| CITY-ST-ZIP                                   |  |
| TITLE NAME                                    | <input type="checkbox"/> Delete            |
| STREET ADDRESS                                |  |
| CITY-ST-ZIP                                   |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE NAME<br><b>P FRANCISCO IRACE</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>7068 SW 158 Path</b>    |  |
| CITY-ST-ZIP<br><b>Miami FL 33193</b>         |  |
| TITLE NAME<br><b>VS SHEAR, FRANK</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>17117 Scarsdale Way</b> |  |
| CITY-ST-ZIP<br><b>BOCA RATON, FL 33496</b>   |  |
| TITLE NAME                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                               |  |
| CITY-ST-ZIP                                  |  |
| TITLE NAME                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: **Francisco Irace** DATE **4/16/01** DAYTIME PHONE # **305-978-9479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)