

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027033

1. Entity Name

INFOSURE, INC.

Principal Place of Business

3900 NW 79 AVE.
213
MIAMI FL 33166

Mailing Address

3900 NW 79 AVE.
213
MIAMI FL 33166

2. Principal Place of Business

2630 NW 97th AVE

3. Mailing Address

2630 NW 97th AVE.

Suite, Apt. #, etc.

1
City & State
MIAMI FL.

Suite, Apt. #, etc.

City & State
MIAMI FL.

Zip

33172

Country

USA-DADE

Zip

33172

Country

USA-DADE

4. FEI Number

65-0677042

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIBEIRO, LUIS EDUARDO
6810 INDIAN CREEK DRIVE NO. 225
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

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

8888 COLLINS AVE #102

City

SURF SIDE

FL

Zip Code

33154

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, 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 ☐ Delete
NAME D
STREET ADDRESS RIBEIRO, LUIZ E
CITY-ST-ZIP 19530 E. COUNTRY CLUB DR.
MIAMI FL 33180

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME RIBEIRO, LUIZ E.
STREET ADDRESS 8888 COLLINS AVE #102
CITY-ST-ZIP SURFSIDE, FL. 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/23/01

CR2E034 (10/00)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90182 050 ***158.75

613701



DO NOT WRITE IN THIS SPACE