

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023069

1. Entity Name

INFINITY INTERNATIONAL REALTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90004 019 ***158.75

Principal Place of Business

Mailing Address

3600 S. STATE RD. 7, SUITE 327
MIRAMAR FL 33023

3600 S. STATE RD. 7, SUITE 327
MIRAMAR FL 33023-7208

2. Principal Place of Business

3600 S. State Rd 7

Suite, Apt. #, etc.

Suite # 306

City & State

Miramar FL

Zip

33023

Country

Broward

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

City & State

Miramar

Florida

Zip

33

Country

Broward

4. FEI Number

65-0820735

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

Name

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

GRANT, ARCHIBALD

3600 S. STATE RD. 7, SUITE 327
MIRAMAR FL 33023

3600 S State Rd 7 Suite # 306

City

Miramar

FL

Zip Code

33023

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

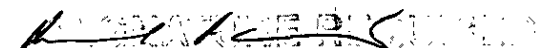
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANT, ARCHIBALD	
STREET ADDRESS	16765 NW 14TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANT, BRIDGETTE	
STREET ADDRESS	16765 NW 14TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, CHRISTINE	
STREET ADDRESS	16765 NW 14TH CT.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 (954) 894-7550
Date Daytime Phone #

CR2E034 (9/99)