

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2001 8:00 am
Secretary of State05-05-2001 90404 001 *****8.75
05-05-2001 90404 002 ***150.00**DOCUMENT # P98000023069**

1. Entity Name

INFINITY INTERNATIONAL REALTY, INC.

Principal Place of Business

**3600 S. STATE RD. 7
306
MIRAMAR FL 33023**

Mailing Address

**3600 S. STATE RD. 7
306
MIRAMAR FL 33023**

2. Principal Place of Business

12399-2 Pembroke Rd
Suite, Apt. #, etc.

3. Mailing Address

12399-2 Pembroke Rd
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

Zip

33025

Country

Broward

Zip

33025

Country

Broward

6. Name and Address of Current Registered Agent

**GRANT, ARCHIBALD
3600 S. STATE RD. 7
306
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

4/4/01
DATE9. 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GRANT, ARCHIBALD	16765 NW 14TH CT.	PEMBROKE PINES FL 33028	<input type="checkbox"/>

SD	GRANT, BRIDGETTE	16765 NW 14TH CT.	PEMBROKE PINES FL 33028	<input type="checkbox"/>
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TD	GRANT, CHRISTINE	16765 NW 14TH CT.	PEMBROKE PINES FL 33028	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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CR2E034 (10/00)

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

4/23/01
Date**(954) 437-8800**
Daytime Phone #