FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 21 PM 1:09

DOCUMENT # P98000043106

1. Entity Name

INFINITI PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4100 N. Powerline Rd.	4100 N. Powerline Rd.
Suite, Apt. #, etc.: G2	Suite, Apt. #, etc.: G2
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33073 Country:	Zip: 33073 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0849310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Robert L. Sader, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1901 W. Cypress Creek Road #415

City: Fort Lauderdale FL Zip Code: 33309

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] 3-19-02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	David S. Ziluck
STREET ADDRESS	4100 N. Powerline Rd. G2
CITY-ST-ZIP	Pompano Beach, FL 33073
TITLE	VP
NAME	Jon Palmisciano
STREET ADDRESS	4100 N. Powerline Rd. G2
CITY-ST-ZIP	Pompano Beach, FL 33073
TITLE	VP
NAME	James P. Newell
STREET ADDRESS	1239 E. Newport Ctr. Dr.#101
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VP/S
NAME	Michael T. Adams
STREET ADDRESS	1239 E. Newport Ctr. Dr.#101
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	T
NAME	John G. Barbar
STREET ADDRESS	1239 E. Newport Ctr. Dr.#101
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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****150.00 ****150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Secretary 3/20/02 (954)428-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael T. Adams Secretary