## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

## FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # P98000045710 INFINITE POSSIBILITIES OF TAMPA, INC. 05-11-2000 90282 002 \*\*\*150.00 Principal Place of Business Mailing Address 3112 ARCH STREET 3112 ARCH STREET TAMPA FL 33607-5104 **TAMPA FL 33607** 3 Mailing Address Mac Nill Ave DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3520044 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Address of Current Registered Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CEOS · Delete TITLE TITLE HERNANDEZ, MICHELLE C NAME NAME STREET ADDRESS STREET ADDRESS 3112 ARCH STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Addition ☐ Change ☐ Delete TITLE LOPEZ, MARIA C NAME STREET ADDRESS 3112 ARCH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Change: 🗗 د - Addition D TITLE - Delete TITLE LOPEZ, OSMUNDO L NAME NAME 3112 ARCH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE HERNANDEZ, JOSEPH A NAME NAME STREET ADDRESS 3112 ARCH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in changed, or on an attachment with an address with all other like empowered.

Statutes; and that my name appears in Block 11 or Block 12 if