

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073741

1. Entity Name
INFRA CORP.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 005 ***550.00

Principal Place of Business

1 N.E. 19TH ST.
#360
MIAMI FL 33132
US

Mailing Address

1 N.E. 19TH ST.
#360
MIAMI FL 33132
US

2. Principal Place of Business

1 N.E. 19TH ST.
Suite, Apt. #, etc.
#360

3. Mailing Address

1 N.E. 19TH ST.
Suite, Apt. #, etc.
#360

City & State

MIAMI FL 33132

City & State

MIAMI FL 33132

4. FEI Number

65-0985286 APPLIED FOR

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)

City

FL

Zip Code

SCPIO, JEROEN
517 DOTTEREL RD.
#31 C
DELRAY BEACH FL 33444

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

7/13/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCPIO, LAURIE
517 DOTTEREL RD. 31C
DELRAY BEACH FL 33444 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCPIO, JEROEN
517 DOTTEREL RD. 31C
DELRAY BEACH FL 33444 ☐ Delete

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

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

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

7/13/2001

561-317-

Date

Daytime Phone #

0036981 AV

CR2E034 (5/01)