

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097004

1. Entity Name

INFINITE POTENTIAL, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90085 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2025 BRICKELL AVENUE  
SUITE 1004  
MIAMI FL 33129

P.O. BOX 310026  
MIAMI FL 33231-0026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

RIVERA-DIEZ, LUZETTE M  
2025 BRICKELL AVENUE  
SUITE 1004  
MIAMI FL 33129

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)

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 **D** ☐ Delete  
NAME **RIVERA-DIEZ, LUZETTE M**  
STREET ADDRESS **2025 BRICKELL AVENUE, SUITE 1004**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition  
NAME **PRESIDENT LUZETTE M. RIVERA-DIEZ**  
STREET ADDRESS **2025 BRICKELL AVE, SUITE 1004**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☒ Delete  
NAME **FINGERHUT, YVELISE**  
STREET ADDRESS **2025 BRICKELL AVENUE, SUITE 1004**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR GISELLE GARCIA-RIVERA**  
STREET ADDRESS **2025 BRICKELL AVE, SUITE 1004**  
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

305-860-8181

CR2E034 (9/99)