

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098866

1. Entity Name

INFINITY FARMS, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90058 001 \*\*\*150.00

Principal Place of Business

Mailing Address

8800 NW 24 TERR  
MIAMI FL 33172

8800 NW 24 TERR  
MIAMI FL 33172-2418

2. Principal Place of Business

3. Mailing Address

2761 N.W. 82nd AVE

2761 N.W. 82nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

Zip

33122

Country

USA.

4. FEI Number

65-0879569

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

SOUTH FLORIDA RESIDENT-AGENTS, INC.  
200 S. BISCAYNE BLVD., SUITE 4750  
MIAMI FL 33131

Name

MIAMI CORPORATE SYSTEMS, INC.

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

5200 BLUE LAGOON DRIVE

Suite 700

City

MIAMI

FL

Zip Code

33126

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

Suleman Seguenasi, Assis. U.P.

4/28/00

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  
NAME SUTTON, ELLIOT  
STREET ADDRESS 20281 E. COUNTRY CLUB DR., APT. 1414  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D  
NAME SUTTON, ELLIOT  
STREET ADDRESS 1496 BREAKWATER TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE DPST  
NAME PERLMAN, STEVE  
STREET ADDRESS 8800 NW 24 TERR  
CITY-ST-ZIP MIAMI FL 33172

TITLE PSTD  
NAME PERLMAN, STEVEN  
STREET ADDRESS 1445 BREAKWATER TERRACE  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE AS  
NAME BLOOM, LEONARD H  
STREET ADDRESS 200 S. BISCAYNE BLVD. STE 4750  
CITY-ST-ZIP MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 592-7413

CR2E034 (9/99)