## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000008544 1. Entity Name INFINITY CONSULTING GROUP, INC. 05-03-2001 90923 036 \*\*\*158.75 Mailing Address Principal Place of Business 105 KETCH DR. 105 KETCH DR. SUNRISE FL 33326 SUNRISE FL 33326 3. Mailing Address 2. Principal Place of Business JU 40 ST 059 1059 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0896256 Not Applicable Country \$8.75 Additional - - - --5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARUSTA, PAMELA Street Address (P.O. Box Number is N Acceptable) 105 N KETCH DR SUNRISE FL 33326 8. The above named entity submits this state front for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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, 2001 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 TITLE ☐ Delete TITLE Starusta, Pamela NAME STARUSTA, PAMELA NAME 11059 NW 40 ST STREET ADDRESS 105 KETCH DR STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 SOT Change ☐ Addition TITLE ☐ Delete TITLE SOT STARUSTA, LEON NAME NAME STARUSTA, LEON 11059 NW 40 ST STREET ADDRESS STREET ADDRESS 105 KETCH DR CITY-ST-ZIP SUNRISE, PL 3535 CITY-ST-ZIP SUNRISE FL 33326 Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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