


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91869 019 \*\*\*150.00

DOCUMENT # P99000010422  
1. Entity Name  
INFINITE PRODUCTS, INC. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business P.O. Box 3571  
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 3571  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hallandale, FL. City & State Hallandale, FL. 4. FEI Number 65-0887671 Applied For Not Applicable

Zip 33008 Country Broward Zip 33008 Country Broward 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Janet Neuschatz  
Street Address (P.O. Box Number is Not Acceptable)  
1833 S. Ocean Dr. #PH11  
City Hallandale FL Zip Code 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Janet Neuschatz #PH11 1833 S. Ocean Dr. Hallandale, FL. 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Neuschatz 4/24/03 (954) 455 9550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)