

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000109158
 1. Entity Name
INNOVATIVE MARKETING GROUP, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 17 PM 12:10

Principal Place of Business Mailing Address
290 NORTH WEST 165TH PH 4 - CITICENTRE MIAMI FL 33169 **290 NORTH WEST 165TH PH 4 - CITICENTRE MIAMI FL 33169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2975 BIRD AVE.** 3. Mailing Address **2975 BIRD AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **MIAMI, FL** City & State **MIAMI, FL**

4. FEI Number Applied For
 Not Applicable

Zip **33133** Country **USA** Zip **33133** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SOROTA, ALAN M
290 NORTH WEST 165TH PH 4 - CITICENTRE
MIAMI FL 33169

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SOROTA, ALAN M 290 NORTH WEST 165TH PH 4 - CITICENTRE MIAMI FL 33169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BARRY T. KATES 2975 BIRD AVE MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Sorota 290 N.W. 165th St, PH-4 - Citicentre Miami, FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alan Sorota **Alan Sorota - Director** Date 2/10/00 Daytime Phone # 305-944-4777

CR2E034 (9/99)

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