

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006558

FILED
Jan 15, 2003
Secretary of State

Entity Name: INNOVEX MORTGAGE, INC.

Current Principal Place of Business:

1999 SOUTH BASCOM AVENUE, SUITE 230
CAMPBELL, CA 95008

New Principal Place of Business:

Current Mailing Address:

1999 SOUTH BASCOM AVENUE, SUITE 230
CAMPBELL, CA 95008

New Mailing Address:

FEI Number: 77-0344595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
941 4TH STREET, 2ND FLOOR
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ELYASSNIA, ROOSEVELT
Address: 1999 SOUTH BASCOM AVENUE, SUITE 230
City-St-Zip: CAMPBELL, CA 95008

Title: DVS () Delete
Name: ELYASSNIA, AMALEK
Address: 1999 SOUTH BASCOM AVENUE, SUITE 230
City-St-Zip: CAMPBELL, CA 95008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROOSEVELT ELYASSNIA

PRES

01/15/2003

Electronic Signature of Signing Officer or Director

_____ Date