

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90103 022 ***158.75

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DOCUMENT # P00000004515

1. Entity Name
INNOVATIVE REMEDIES, INC.



Principal Place of Business

4275 SW-73 AVENUE
MIAMI FL 33155

Mailing Address

4275 SW-73 AVENUE
MIAMI FL 33155

2. Principal Place of Business

2150 NW 14 AVENUE

3. Mailing Address

2150 NW 14 AVENUE

Suite, Apt. #, etc.

Bay #1

Suite, Apt. #, etc.

Bay #1

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2210937**

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N MERIDIAN ST LOWER LEVEL
TALLAHASSEE FL 32301

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

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **ORTEGA, FRANK**
STREET ADDRESS **1735 SW 139 CT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VP** ☐ Delete
NAME **BRIZELA, GERMAN**
STREET ADDRESS **1101 SW 122 AVE #108**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **S** ☐ Delete
NAME **PEIRO, HORACIO**
STREET ADDRESS **1556 SW 141 AVE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Shareholder** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)