

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004883

1. Entity Name  
INNOVA TECHNOLOGIES INC.

Principal Place of Business

201 ALHAMBRA CIRCLE, STE 711  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, STE 711  
CORAL GABLES FL 33134

2. Principal Place of Business

8426 N.W. 70 ST.

3. Mailing Address

780 NW 42 AVE

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 422

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

U.S.A.

Zip

33126

Country

USA.

4. FEI Number

65-0973603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE, STE 711  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME OLIVERA, JOSE ANTONIO  
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 711  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME OLIVERA, JOSE ANTONIO  
STREET ADDRESS 780 NW 42 AVE. Suite 422  
CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/7/01

(786) 489-1864

Date

Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90058 020 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2034 (5/01)