## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000007503 **DOCUMENT #**

1. Entity Name

INVENTIVE PRODUCTS LABORATORIES, INC.



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

03-05-2003 90074 037 \*\*\*150.00

| Principal Place of Business 5100 N. OCEAN BLVD BLDG. A. #1407 FORT LAUDERDALE FL 33308   | Mailing Address 5100 N. OCEAN BLVD BLDG. A. #1407 FORT LAUDERDALE FL 33308 |   |  |  |  |
|--|--|---|--|--|--|
| 2. Principal Place of Business   | 3. Mailing Address   |   | T LOCALISE AND BEACH BOUND BOUND BOWN BOWN BOWN ITEMS CALLE CALL AND ARM   |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | ☐ CHECK HERE IF MAKING CHANGES   |  |  |
| City & State   | City & State   |   | 4. FEI Number 65-0997312 Applied For Not Applicable  |  |  |
| Zip Country  | Zip  | Country                                 | 5. Certificate of Status Desired S8.75 Additional Fee Required   |  |  |
| 6. Name and Address of Current   | Registered Agent   |   | 7. Name and Address of New Registered Agent  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·                                      | Name                                    |  |  |  |
| TERZIEV, NICOLA<br>5100 N. OCEAN BLVD., BLDG. A, #1407<br>FORT LAUDERDALE FL 33308   |  | Street Addres                           | ss (P.O. Box Number is Not Acceptable)   |  |  |
|  |  | City                                    | FL Zip Code  |  |  |
| 8. The above named entity sublinits this stiffement 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  Signature, type for printed hame of registral agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |   |  |  |  |
| FILE NOW!!! FEE IS \$150.00° After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of  |  |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  |  |  |
| 10. OFFICERS AND I   |  | 11.                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  D TERZIEV, NICOLA 5100 N. OCEAN BLVD., BLDG. A, FORT LAUDERDALE FL 33308  | ☐ Delete #1407   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Change ☐ Addition  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Change ☐ Addition  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete   | NAME STREET ADDRESS CITY-ST-ZIP         | ☐ Change ☐ Addition  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY- ST- ZIP | ☐ Change ☐ Addition  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Change ☐ Addition  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with 1   | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Change Addition  Section 119.07(3)(i), Florida Statutes. I further certify that the information as same local effect as if made under out; the Lampa efficier or director. |  |  |

is reported the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all other like empowered. of the corporation or the receiver or trustee changed, or on an attachment with a ladd

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR