

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90203 009 ***150.00

DOCUMENT # P00000024201

1. Entity Name
INNOVATIVE WAREHOUSE SERVICES, INC.



Principal Place of Business
**17304 SW 19TH ST.
MIRAMAR FL 33029**

Mailing Address
**17304 SW 19TH ST.
MIRAMAR FL 33029**

2. Principal Place of Business

19340 N.W 2nd Street
Suite, Apt. #, etc.

3. Mailing Address

19340 N.W 2nd Street
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

Zip

33029

Country

4. FEI Number

65-0988778

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, MOISES
17304 SW 19TH ST.
MIRAMAR FL 33029**

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

Signature, typed or printed name of registered 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 State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ZAYAS, NELSON**
STREET ADDRESS **16721 NW 72ND COURT**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VD** ☐ Delete
NAME **MARTIN, MOISES**
STREET ADDRESS **17304 SW 19TH ST.**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **19340 N.W 2nd Street**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

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

TITLE ☐ Change ☐ Addition
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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

03-26-03 (305) 970-0861

Date

Daytime Phone #

CR2E034 (10/02)