

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90207 037 ***158.75

DOCUMENT # P00000094235

1. Entity Name

INOVART USA, INC.

Principal Place of Business

4955 EAST 4TH AVENUE
HIALEAH FL 33013-3

Mailing Address

4955 EAST 4TH AVENUE
HIALEAH FL 33013-3

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1055096

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REVENTOS, ANTONIO
4955 EAST 4TH AVENUE
HIALEAH FL 33013-3

7. Name and Address of New Registered Agent

Name

ANTONIO RAVENTOS

Street Address (P.O. Box Number is Not Acceptable)

17555 COLLINS AVE #802

City

SUNNY ISLE BEACH

FL

Zip Code

33160

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	RAVENTOS, ANTONIO	
STREET ADDRESS	4955 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013-3	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATISTA, JOAO O R	
STREET ADDRESS	4955 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013-3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO RAVENTOS	
STREET ADDRESS	4955 E. 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAO R.S. BATISTA	
STREET ADDRESS	4955 E. 4TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIANA RAVENTOS	
STREET ADDRESS	4955 E. 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO RAVENTOS

1/19/01 (305) 638 1120

Date

Daytime Phone #

CR2E034 (10/00)