

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90629 031 ***158.75

0136924 AV

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REVENTOS, ANTONIO
17555 COLLANS AVE #802
SUNNY ISLE BEACH FL 33160**

ANTONIO RAVENTOS

4955 E. 4TH AVE

HIALEAH

FL

Zip Code 33013

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAVENTOS, ANTONIO	
STREET ADDRESS	4955 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BATISTO, JOAO R. S.	
STREET ADDRESS	4955 EAST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAVENTOS, ELIANA	
STREET ADDRESS	4955 E. 4TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO RAVENTOS	
STREET ADDRESS	19401 N.E. 15 CT.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAO R. S. BATISTA	
STREET ADDRESS	19401 N.E. 15 CT.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIANA RAVENTOS	
STREET ADDRESS	19401 N.E. 15 CT.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (305) 688 1120

Date

Daytime Phone #

CR2E034 (9/01)