

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90118 042 ***158.75

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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

2675 W. 76TH ST

3. Mailing Address

2675 W. 76TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1055096

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

RAVENTOS, ANTONIO
4955 E 4TH AVENUE
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

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

2675 W. 76TH ST

City

HIALEAH

FL

Zip Code

33016

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RAVENTOS, ANTONIO ☐ Delete
STREET ADDRESS 19401 NE 15 CT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE VP
NAME BATISTO, JOAO R. S. ☐ Delete
STREET ADDRESS 19401 NE 15 CT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE VP ☒ Change ☐ Addition
NAME BATISTA, JOAO R. S.
STREET ADDRESS RUA EUGENIO HEIO 77 APT 501
CITY-ST-ZIP PRAIA DO CANTO VITORIA E.S. 29055270
BRASIL

TITLE S
NAME RAVENTOS, ELIANA ☐ Delete
STREET ADDRESS 19401 NE 15 CT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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

1/30/03

Date

305 823 3097

Daytime Phone #

CR2E034 (10/02)