05-28-2002 90702 043 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

P01000021993

DOCUMENT # 1. Entity Name

INNER EARTH-TECH, INC.

Principal Place of Business

Mailing Address

3031 NE 51 ST(303)

3031 NE 51 ST(303)

FT LAUDERDALE FL 33308			FT LAUDERDALE FL 33308								
2. Principal	Place of Busin	ness	3. Mailing Address								
13170-B CENTRAL S.E.			(SAME)				,				
Suite, Apr	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State ALBUG., NM			City & State			4.	4. FEI Number 85-0484072 Applied For Not Applicable				
Zip Country 87123-5574 U.S.A.		U.S.A.	Zip	Country		5.	Certificate of Status Desired \$8.75 Additional Fee Required				
ه المحمد والتي سؤت	6 Name	and Address of Current R	egistered Agent	٠ پ			Name and Address of New Reg	stered A	gent		
144.45.4				İ	Name	•					
VAJDA, JOSHUA			Street Addre			dress (P.O. F	ss (P.O. Box Number is Not Acceptable)				
3031 NE 51 ST(303)			5.0017.0010.								
FT LAUDERDALE FL 33308							•		-		
				-	City			FL	Zip Code		
8. The above	e named entity	submits this statement for	the purpose of changing its	registered	l office or r	egistered ag	ent, or both, in the State of Florid	 a.	.1		
SIGNATURE	Daga	26:00 -	JOSHUA VAJ	·a .			400	か. うく	~ 7.47	,	
SIGNATURE	Signature, typed	or printed name of registered agent an			\gent signature	required when re	einstating)	DATE	, 2002		
Tax filing requirement and elects to do so. After May 1, 20				02 Fee w	FEE IS \$150.00 Fee will be \$550.00 to Department of State		Election Campaign Finance Trust Fund Contribution.	eing	\$5.00 Added	0 May Be to Fees	
11. OFFICERS AND DIRECTORS						AD	DITIONS/CHANGES TO OFFICE	RS AND [IRECTORS	S IN 11	
ŢITLE NAME	PETER VASDA - PRESIDENT Delete		TITLE					Change	Addition		
STREET ADDRESS 13170-B CENTRAL S.E. PMB-295					ADDRESS			•			
CITY-ST-ZIP ALBUG., NM 87123-5579				CITY-ST							
TITLE	Vics - P	RESIDENT	☐ Delete	TITLE				г	☐ Change	Addition	

ROBERT V. DUNCAN STREET ADDRESS (SAME AN ABOVE) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETHILY - TRESURER جينے Delete ____ج TITLE PATRICK CARFAX NAME NAME (SAME AS ABOVE) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DIRECTOR ☐ Delete TITLE ☐ Change ☐ Addition NAME Malissa VAJDA NAME STREET ADDRESS (SAME AS ABOVE) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITLE ☐ Change Addition WALLACE HENDERSON NAME NAME STREET ADDRESS (SAME AS ABOVE) STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP