

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90085 014 \*\*\*150.00

**DOCUMENT # P01000065088**

1. Entity Name  
**INNOVATIVE E SOLUTIONS INC.**

Principal Place of Business

**11000 SW 140TH AVE  
MIAMI FL 33186**

Mailing Address

**11000 SW 140TH AVE  
MIAMI FL 33186**

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 **651129318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MOBAYED, RAYMOND  
11000 SW 140TH AVE  
MIAMI FL 33186**

## 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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **MOBAYED, RAYMOND**  
CITY-ST-ZIP **11000 SW 140TH AVE  
MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

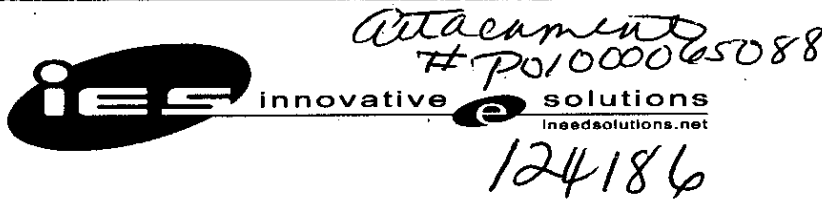
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-1-2002**

CR2E034 (4/02)



8-15-2002

Raymond Mobayed  
Innovative e Solutions  
Director  
11000 South West 140<sup>th</sup> Ave  
Miami, FL 33186

Florida Department of State  
Division of Corporations  
Katherine Harris  
Secretary of State  
PO Box 6327  
Tallahassee, Florida 32314

Ms. Harris

I do apologize for not writing sooner but please understand this is our first year in business. I did not receive this document from you with the \$150.00 Dollar fee, I spoke to my accountant he explained that I should have received this much earlier in the year with a fee of only 150.00 not 550.00. I called your department to speak with someone on your team and they instructed me to write this letter explaining that I had NOT received the form with the 150 Dollar amount.

Please process this with the enclosed payment of \$150.00 Check number 1051.

Thank You,

Raymond Mobayed