

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90173 014 ***550.00

DOCUMENT # P01000084707

1. Entity Name

INNOVATIVE RESEARCH CO. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10900 SW 196th Street

3. Mailing Address
SAME

Suite, Apt. #, etc.
Apartment 318

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33157

Country
USA

Zip

Country

4. FEI Number
65-1133630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Peter Groulx

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

10900 SW 196th Street

City
Miami, FL

FL Zip Code
33157

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/02/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
President, Secretary, Treasurer, Director
Peter Groulx
STREET ADDRESS
CITY- ST- ZIP
10900 SW 196th Street, Miami, FL 33157

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/02

Date

Daytime Phone #

CR2E034B (12/01)