

1 of 2

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

DOCUMENT # **PO1000086824**

1. Entity Name

Innovations & Communications, Inc

FILED

02 JUL 11 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FL 09101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5751 North University Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip **33321**

Country

City & State

Zip

Country

4. FEI Number

65-1145286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

LAUTARD GARAY

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

5751 North University Drive

City **TAMARAC**

FL

Zip Code **33321**

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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, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its long-term
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

LAUTARD GARAY
5751 North University Drive
TAMARAC, FL 33321

IRENE GARAY
5751 North University Drive
TAMARAC, FL 33321

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IN THIS SPACE**

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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

Date

Daytime Phone #

CR2E034B (12/01)

4

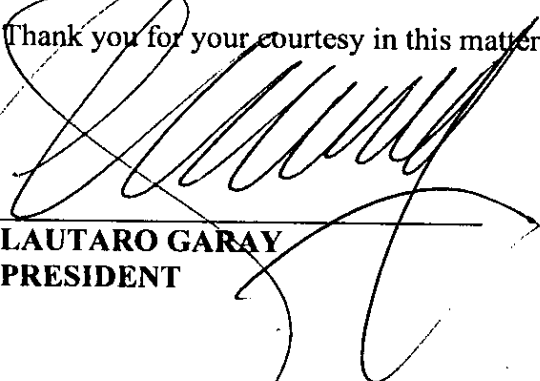
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **INNOVATIONS & COMMUNICATIONS, INC.**

Thank you for your courtesy in this matter.



LAUTARO GARAY
PRESIDENT