2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90391 019 ***150.00

DOCUMENT # P01000086824

1. Entity Name
Innovations & Communications, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1560 SAWGRASS Corporate		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Parkway 4th Floor	Suite, Apt. #, etc.	
City & State Sunrise, FL	City & State	4. FEI Number 65-1145286 ☐ Applied For ☐ Not Applicable
Zip 33326 Country USA	Zip Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LAUTARO GARAY

Street Address (P.O. Box Number is Not Acceptable)
1560 SAWGRASS CORPORATE PARKWAY
4th FLOOR

City SUNRISE FL Zip Code 33326

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 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) ☐

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 STREET ADDRESS CITY-ST-ZIP	Pd Lautaro GARAY 1560 SAWGRASS CORPORATE PARKWAY 4th FLOOR, SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Presid Irene GARAY 1560 SAWGRASS CORPORATE PARKWAY 4th FLOOR, Sunrise, FL 33326
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 #