

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90518 004 \*\*\*150.00

**DOCUMENT # P02000105612**

**1. Entity Name**  
**INNOVATION FINANCE CORPORATION**



**Principal Place of Business**  
**169 E FLAGLER ST SUITE 1035**  
**MIAMI FL 33131**

**Mailing Address**  
**169 E FLAGLER ST SUITE 1035**  
**MIAMI FL 33131**

**90011497**



**2. Principal Place of Business**  
**9300 NW 27 Ave**

**3. Mailing Address**  
**9300 NW 27 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**MIAMI**

**City & State**  
**MIAMI**

**4. FEI Number**  
**55-0800412**

**Applied For**  
**Not Applicable**

**Zip**  
**33147**

**Country**  
**USA**

**Zip**  
**33147**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARRERO, OLGA L**  
**169 E FLAGLER ST SUITE 1035**  
**MIAMI FL 33131**

**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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **BARRERO, OLGA L**  
**STREET ADDRESS** **16531 WHITE ORCHID LANE**  
**CITY-ST-ZIP** **DELRAY FL 33446**

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

**TITLE** **VD** ☒ **Delete**  
**NAME** **GONZALEZ, SANDRA**  
**STREET ADDRESS** **2690 S STATE ROAD 7 (441)**  
**CITY-ST-ZIP** **MIRAMAR FL 33023**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 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 #

01/17/03

CR2E034 (10/02)