

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005097

1. Entity Name

INNOVATIVE SERVICES INTERNATIONAL INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90027 003 ***150.00

Principal Place of Business

1607 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

Mailing Address

1607 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-4011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0369888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERE, JOSE LUIS
1901 BRICKELL AVENUE
APT. B1707
MIAMI FL 33129

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.

SIGNATURE

Jose Luis Pere

JOSE LUIS PERE

4-28-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME PAIZ, FERNANDO
STREET ADDRESS 1607 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE VPT ☒ Delete
NAME AHRENDT, CINTHIA
STREET ADDRESS 4614 SAN AMARO DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME VPT
STREET ADDRESS AHRENDT, CINTHIA
CITY-ST-ZIP 10141 COSTA DEL SOL BOULEVARD
MIAMI FL 33178

TITLE VPS ☒ Delete
NAME AHRENDT, BRUCE J
STREET ADDRESS 4614 SAN AMARO DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME VPS
STREET ADDRESS AHRENDT, BRUCE J
CITY-ST-ZIP 10141 COSTA DEL SOL BOULEVARD
MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Cynthia M. Ahrendt

CINTHIA M. AHRENDT May 1, 2000 305-447-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)