

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092649

1. Entity Name

INNOVATIVE BUSINESS TECHNOLOGIES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90065 032 ***155.00

Principal Place of Business

Mailing Address

3841 N.E. 2 AVENUE
SUITE 205
MIAMI FL 33137
US

3841 N.E. 2 AVENUE
SUITE 205
MIAMI FL 33138-4205
US

2. Principal Place of Business

3. Mailing Address

1177 N.E. 79 STREET
Suite, Apt. #, etc.

1177 N.E. 79 STREET
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Country
USA

City & State
MIAMI FLORIDA

Country
USA

4. FEI Number 65-0542401

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAUL GASTESI, ATTORNEY AT LAW, P.A.
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

15600 N.W. 67 AVE., Suite # 308
City MIAMI LAKES FL Zip Code 33014

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

01/14/00

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

TITLE	TPD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, OMAR R	
STREET ADDRESS	3841 N.E. 2 AVENUE, #205	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, ARMANDO A	
STREET ADDRESS	3841 N.E. 2 AVENUE, #205	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/00

Date

305-754-8181

Daytime Phone #

CR2E034 (9/99)