

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90196 014 ***150.00

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DOCUMENT # P94000092649

1. Entity Name
INNOVATIVE BUSINESS TECHNOLOGIES, INC.

Principal Place of Business
1177 NE 79 ST
MIAMI FL 33138
US

Mailing Address
1177 NE 79 ST
SUITE 205
MIAMI FL 33138
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0542401		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GASTESI, RAUL 15600 NW 67 AVE SUITE 308 MIAMI LAKES FL 33014				Name Sonia C. Vazquez			
				Street Address (P.O. Box Number is Not Acceptable) 8459 N. Bayshore Dr.			
				City Miami		FL	

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 DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ, OMAR R 1001 NE 88 STREET MIAMI FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vazquez, Omar 8459 N. Bayshore Drive Miami, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vazquez, Sonia	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vazquez, Sonia 8459 N. Bayshore Drive Miami, FL 33138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: **SONYA C. Vazquez** 3/19/02 305-254-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)