2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000003254** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** INNOVATIVE MORTGAGE CORP. 01-19-2000 90323 012 ***150.00 Mailing Address Principal Place of Business 5400 S UNIVERSITY DR 5400 S UNIVERSITY DR #501 DAVIE FL 33328 DAVIE FL 33328-5314 US 2. Principal Place of Business 3. Mailing Address 13790 NW 4 STR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-063 1950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZARRA. DANICL ZARRA, DANIEL Street Address (P.O. Box Number is Not Acceptable) **18271 NW 16TH STREET** PEMBROKE PINES FL 33029 8. The above named entity submits this spalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD PSD** Change Addition ☐ Delete TITLE TITLE ZARRA, DANIEL NAME Zarra, Daniel NAME STREET ADDRESS 18271 NW 16TH STREET STREET ADDRESS 18601 NW 11th St. CITY-ST-ZIP PEMBROKE PINES FL 33029 CITY-ST-ZIP pembroke fines. FL Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE NAME- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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 amounted to execute this apport 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 addless, with all other are empowered.