

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009000

1. Entity Name

INNOVATIVE PRODUCTS AND SERVICES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90373 018 ***150.00

Principal Place of Business

Mailing Address

13780 SW 56TH ST
SUITE 106
MIAMI FL 33175
US

P.O. BOX 832497
MIAMI FL 33283-2497

2. Principal Place of Business

3. Mailing Address

13081 S.W. 133 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0639509

Applied For

Not Applicable

Zip

33186

Country

U.S.

Zip

Country

5. Certificate of Status Desired

~~YES~~ \$8.75 Additional Fee Required **NO**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANZANO, BARBARA
7770 S.W. 134TH AVE.
MIAMI FL 33183

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

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	P	<input type="checkbox"/> Delete
NAME	MANZANO, BARBARA	
STREET ADDRESS	7770 SW 134 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANZANO, ULISES	
STREET ADDRESS	7770 SW 134 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Barbara Manzano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-971-5400

Daytime Phone #

CR2E034 (9/99)