

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061470

1. Entity Name  
**INNOVATIVE BUSINESS CONSULTANTS INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90110 006 \*\*\*150.00

Principal Place of Business  
**20429 NE 10TH COURT  
NO MIAMI BEACH FL 33179**

Mailing Address  
**20429 NE 10TH COURT  
NO MIAMI BEACH FL 33179-2517**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0684276**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANANTHARAMAN, SARASWATHI  
20429 NE 10TH COURT  
NO MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

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

TITLE **S** ☐ Delete  
NAME **ANANTHARAMAN, SARASWATHI**  
STREET ADDRESS **20429 NE 10TH COURT**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **P** ☐ Delete  
NAME **VALTHESWARAN, RADHA**  
STREET ADDRESS **7700 SW 134 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete  
NAME **KRISHNAN, MEENAKSHY**  
STREET ADDRESS **15909 ASH BY FELD RD.**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-7-2000 (305) 657-2877**

CR2E034 (9/99)