

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90017 024 ***150.00

DOCUMENT # P97000065477

1. Entity Name

INVOGA CORPORATION

Principal Place of Business

Mailing Address

**NW 17 PLACE
CORAL SPRINGS FL 33071**

**11175 NW 17 PLACE
CORAL SPRINGS FL 33071-6330**

2. Principal Place of Business

5019 N.W. 113 AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

City & State

Zip

Country

33076

USA

Zip

Country

4. FEI Number

65-0771248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, HECTOR F
11175 NW 17 PLACE
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **ORTIZ, HECTOR F.**

Street Address (P.O. Box Number is Not Acceptable)
5019 N.W. 113 AVENUE

City **CORAL SPRINGS**

FL

Zip Code **33076**

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 **Hector F Ortiz** **HECTOR F ORTIZ**

02-10-2000

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 **D** ☐ Delete
NAME **ORTIZ, HECTOR F**
STREET ADDRESS **11175 NW 17 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D.** ☒ Change ☐ Addition
NAME **ORTIZ, HECTOR F**
STREET ADDRESS **5019 N.W. 113 AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **D** ☐ Delete
NAME **ORTIZ, CLAUDIA P**
STREET ADDRESS **11175 NW 17 PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D.** ☒ Change ☐ Addition
NAME **ORTIZ, CLAUDIA P.**
STREET ADDRESS **5019 N.W. 113 AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Hector F Ortiz** **(Director)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-2000

Date

954-796-4332

Daytime Phone #

CR2E034 (9/99)