

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90125 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104473

1. Entity Name

INNOVATIVE EXHIBITS, INC.

90037772

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4917 SW 71st Place

3. Mailing Address

4917 SW 71st. Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0803904

Applied For

Not Applicable

Zip

33155

Country

Miami

Zip

33155

Country

Miami

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Erick Speyer

Street Address (P.O. Box Number is Not Acceptable)

4917 SW 71st Place

City

Miami

FL

Zip Code

33155

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

02-24-2003

SIGNATURE

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 Director
NAME Erick Speyer
STREET ADDRESS 4917 SW 71st place
CITY-ST-ZIP Miami Fl. 33155

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

02-24-2003

Date

Signature - Print Name

CR2E034B (12/01)