

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 20 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01078--006
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000003497			
1. Entity Name Innovative Financial Investments, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7200 Griffin Rd., Suite, Apt. #, etc. Suite 5B		3. Mailing Address 7200 Griffin Rd., Suite, Apt. #, etc. Suite 5B	
City & State Davie, FL		City & State Davie, FL	
Zip 33314	Country USA	Zip 33314	Country USA

4. FEI Number 650805177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Frank Ambrosio	
	Street Address (P.O. Box Number is Not Acceptable) 7200 Griffin Rd., Suite 5B	
	City Davie	FL Zip Code 33314

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: Frank Ambrosio 8/7/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

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 \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Frank Ambrosio 7200 Griffin Rd., Suite 5B, Davie, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(b), 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: Frank Ambrosio 8/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

75 8/20/02