

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074969

1. Entity Name

INNOVATION PRODUCTS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90029 037 \*\*\*150.00

Principal Place of Business

3060 NE 190TH STREET  
#106  
AVENTURA FL 33180  
US

Mailing Address

3060 NE 190TH STREET  
#106  
AVENTURA FL 33180-3131  
US

2. Principal Place of Business

3619 NE 207<sup>TH</sup> Street

Suite, Apt. #, etc.

Suite 2200

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

3619 NE 207<sup>TH</sup> Street

Suite, Apt. #, etc.

Suite 2200

City & State

Aventura, FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0859852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WANCEJER, MAYER  
3060 NE 190TH STREET  
STE 106  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Mayer Wancejer

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

3619 NE 207<sup>TH</sup> Street

Suite 2200

City

Aventura

FL

Zip Code

33180

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 Mayer Wancejer

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

(NOTE: Registered Agent signature required when reinstating)

02/26/00

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	P	<input type="checkbox"/> Delete
NAME	WANCEJER, MAYER	
STREET ADDRESS	3060 NE 190TH ST #106	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	TABACINIC, MANUEL	
STREET ADDRESS	19555 E COUNTRY CLUB DR #404	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REMBBAUM, SAUL	
STREET ADDRESS	19555 E COUNTRY CLUB DR #404	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayer Wancejer
STREET ADDRESS	3619 NE 207 <sup>TH</sup> ST #2200
CITY-ST-ZIP	Aventura, FL 33180
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuel Tabacinic
STREET ADDRESS	3619 NE 207 <sup>TH</sup> St. # 2200
CITY-ST-ZIP	Aventura FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Mayer Wancejer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/00

DATE

305-9328564

Daytime Phone #

CR2E034 (9/99)