

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98000074969**

**FILED**

**01 JUN 27 PM 1:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**INNOVATION PRODUCTS, INC.**

Principal Place of Business: **SAME AS Below**  
Mailing Address: **SAME AS Below**

2. Principal Place of Business: **14057 SW 66 Terrace**  
Suite, Apt. #, etc.

3. Mailing Address: **14057 SW 66 Terrace**  
Suite, Apt. #, etc.

City & State: **Miami, FL**  
City & State: **Miami, FL**

Zip: **33183** Country: **USA**  
Zip: **33183** Country: **USA**

4. FEI Number: **65-0859852**  
Applied For:  Not Applicable

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

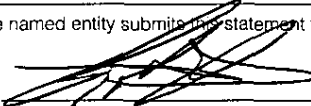
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **Roberto C. Prieto**  
Street Address (P.O. Box Number is Not Acceptable): **14057 SW 66 Terrace**  
City: **Miami** FL Zip Code: **33183**

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:  DATE: **6/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

SIGNATURE:  DATE: **6/25/01** DAYTIME PHONE #: **305-345-8301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)