2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080471

1. Entity Name

INNOVATIVE STREET MACHINES, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90125 006 ***150.00

						Go un	Ins.						
Principal Place of Business 4350 W. SUNRISE BLVD. SUITE 107 PLANTATION FL 33313			Mailing Address 4350 W. SUNRISE BLVD. SUITE 107 PLANTATION FL 33313										
2. Principal P	Place of Busin	ness	3. Mailing Address							ilii 11 111 1	BIBI IBIII	16 111 1 1111 11	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 65-0661290 Applied For Not Applied by					
Zip	Zip Country			Zip Cou				5. C	Certificate of Status Desired			3.75 Add	litional
	6. Name	and Address of Current	Register	ed Agent	1			7. N	lame and Address of New	Register	red Age		
						Name							,
LEVIN, GE 100 BAY (EORGE G COLONY LA	ME					Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDE	RDALE FL	33308								٠.			
						City					FL	Zip Code	
	e named entit tions of regist		r the purp	oose of changing its	register	ed office or	registere	d age	ent, or both, in the State of F	lorida. I	am fam	iliar with,	and accept
SIGNATURE	Signature typed	or printed name of registered agent a	and title if any	nlicable (NOT	F: Renistere	d Agent signatu	re required v	when rei	linstating 1	DA	ATE		
				i				:.					
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	f State						Election Campaign F Trust Fund Contribution	-	, _		May Be to Fees
10.		OFFICERS AND	DIRECTO	PRS	11.			ADI	DITIONS/CHANGES TO OF	FICERS	AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORGE G COLOBY LANE RDALE FL 33308		☐ Delete	1] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete] Change	Addition

12. 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ile

Daytime Phone #