

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 037 ***150.00

DOCUMENT # P99000002266

1. Entity Name

Innovative Healthcare, Inc.

Principal Place of Business

Mailing Address

5400 S. University Dr. Suite # 507
DAVIE, Florida 33328 (Broward)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0885077

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00082098

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Steven A. Weinberg
8000 Peters Road
Plantation, FL 33324

Name: Daniel Zarra
Street Address (P.O. Box Number is Not Acceptable)
5400 S. University Dr. Suite # 507
City: DAVIE FL Zip Code: 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Daniel Zarra, President

8/22/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	Daniel Zarra	
STREET ADDRESS	18271 NW 16th St.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Zarra	
STREET ADDRESS	5400 S. University Dr. Suite 507	
CITY-ST-ZIP	DAVIE, FL 33328	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Zarra

Date

Daytime Phone #

8/22/00 (954) 434-8830

CR2E034 (9/99)



Attachment Doc#
P99000007266
DO082098

August 22, 2000


Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On August 18th, I contacted the Division of Corporations to get some information on updating your web data in reference to Innovative Healthcare, Inc. I was informed by a member of the staff that the Division had not received a UBR from Innovative Healthcare, Inc. I was also informed that the preprinted form that had been sent out to us, had been returned, via U.S. Mail, to the Division of Corporations. I was instructed by that employee to request the form from your web site and to send it directly to the above address, along with the original filing fee of \$150.00. Enclosed you will find both the UBR and a check in the amount of \$150.00. Please contact me if you need any further information or payment to keep our status active.

Thank you for your prompt attention to this matter.

Sincerely,


Daniel Zaffa
President