

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029210

Entity Name
INNOVATIVE IMPORT EXPORT, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90042 002 ***150.00

Principal Place of Business	Mailing Address
LILIAN SREDNI P.A. 21332 W DIXIE HWY MIAMI BEACH FL 33180	C/O LILIAN SREDNI P.A. 21332 W DIXIE HWY N MIAMI BEACH FL 33180-1134

CG020343



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number 65-0912163	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LILIAN SREDNI, P.A. 21332 W DIXIE HWY N MIAMI BEACH FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINGER, MARIO C/O LILIAN SREDNI P.A., 21332 W DIXIE HWY N MIAMI BEACH FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARAH, NICHELEL C/O LILIAN SREDNI P.A. 21332 W DIXIE HWY N MIAMI BEACH, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D GLASER, JOSEF C/O LILIAN SREDNI P.A. 21332 W DIXIE HWY N MIAMI BEACH FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL FARAH
PRESIDENT
2/7/00
Date Daytime Phone #