FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90352 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036621

1. Entity Name
INO'S ENTERPRISES, INC.

Principal Place of Business
6818 32ND AVENUE SOUTH
TAMPA, FL
33619

Mailing Address
6818 32ND AVENUE SOUTH
TAMPA, FL.
33619

2. Principal Place of Business
4328 SAFFOLD ROAD
Suite, Apt. #, etc.
City & State
WIMAUMA, FL
Zip 33598 Country

3. Mailing Address
4328 SAFFOLD ROAD
Suite, Apt. #, etc.
City & State
WIMAUMA, FL
Zip 33598 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3572384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREIRA, INOCENTE
6818 32ND AVENUE SOUTH
TAMPA, FL 33619

7. Name and Address of New Registered Agent
Name
PEREIRA, INOCENTE
Street Address (P.O. Box Number is Not Acceptable)
4328 SAFFOLD ROAD
City
WIMAUMA FL Zip Code 33598

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] INOCENTE PEREIRA 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PEREIRA, INOCENTE	
STREET ADDRESS	6818 32ND AVENUE SOUTH	
CITY - ST - ZIP	TAMPA, FL. 33619	
TITLE		[X] Delete
NAME	PEREIRA, MISLEYS	
STREET ADDRESS	6818 32ND AVENUE SOUTH	
CITY - ST - ZIP	TAMPA, FL. 33619	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	[X] Change ☐ Addition
NAME	PEREIRA, INOCENTE	
STREET ADDRESS	4328 SAFFOLD ROAD	
CITY - ST - ZIP	WIMAUMA, FL. 33598	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CR2E034 (9/99)

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] INOCENTE PEREIRA, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/24/02 Daytime Phone #