

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037159

1. Entity Name

INNOVATIVE PRINT TECHNOLOGIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90062 005 ***558.75

Principal Place of Business

1510 NW 183RD TERRACE
PEMBROKE PINES FL 33029

Mailing Address

1510 NW 183RD TERRACE
PEMBROKE PINES FL 33029

2. Principal Place of Business

4171 NW 135th Street

3. Mailing Address

179 Old Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA Locka, FL

City & State

Lowell, MA

Zip

33054-4658

Country

Zip

01851-2736

Country

4. FEI Number

65-0914027

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JORGE

16616 NW 70TH CT

MIAMI LAKES FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME LEATHEN, SHAUN
STREET ADDRESS 4205 SW 153RD AVE
CITY-ST-ZIP MIRAMAR FL 33027

TITLE P/D ☐ Change ☒ Addition
NAME Belson, Craig
STREET ADDRESS 33 Wildwood Avenue
CITY-ST-ZIP Newton, MA 02460

TITLE D ☐ Delete
NAME CHRISTENSEN, WILLIAM A
STREET ADDRESS 1510 NW 183RD TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D/T ☐ Change ☒ Addition
NAME Loven, Peter
STREET ADDRESS 6 Old Orchard Lane
CITY-ST-ZIP Littleton, MA 01460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/D ☒ Change ☐ Addition
NAME Leathem, Shaun
STREET ADDRESS 6914 Main Street #365
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/D ☒ Change ☐ Addition
NAME Christensen, William
STREET ADDRESS 1510 NW 183rd Terrace
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00

Date

978-656-0011

Daytime Phone #

CR2E034 (5/00)