

2001 UNIFORM BUSINESS REPORT (UBR)

0136774 AB

DOCUMENT # P99000037159

1. Entity Name

INNOVATIVE PRINT TECHNOLOGIES, INC.

APPROVED
AND
FILED

01 SEP 28 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4171 NW 135TH ST
OPA LOCKA FL 33054-4658

Mailing Address

179 OLDE CANAL DR
LOWELL MA 01851-2736

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

65-0914027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE
16616 NW 70TH CT
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Shaun Heathern

Street Address

4171 N.W. 135 St.

City

Opa Locka, FL

Zip Code

33054

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 12, 2001 Fee 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEATHEN, SHAUN	
STREET ADDRESS	6914 MAIN ST #365	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, WILLIAM	
STREET ADDRESS	1510 NW 183RD TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BELSON, CRAIG	
STREET ADDRESS	33 WILDWOOD AVE	
CITY-ST-ZIP	NEWTON MA 02460	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOVEN, PETER	
STREET ADDRESS	6 OLD ORCHARD LANE	
CITY-ST-ZIP	LITTLETON MA 01460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15610 Bull Run Rd # 715
CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700004625417--6
CITY-ST-ZIP	-10/05/01--01075--008
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	61 Assabet Ave
CITY-ST-ZIP	Concord, MA. 02742
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	

REINSTATEMENT 2001

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:

Craig S. Belson

DATE

Daytime Phone #

9/24/01 978-656-0011

CR2E034 (5/01)