09/10

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045697

1. Entity Name
INOVA BY DESIGN GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02-06-2001 90036 038 ***700.00
01 MAR 22 PM 3:49

| Principal Place of Business | Mailing Address |
|---|---|
| 865 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 | 16300 N.E. 19TH AVE. #100<br>NORTH MIAMI BEACH FL 33162 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9601 COLLINS AVE | 16300 NE 19 AVE |
| Suite, Apt. #, etc.<br>406 | Suite, Apt. #, etc.<br>100 |
| City & State<br>BAL HARBOUR FL | City & State<br>North MIAMI BEACH FL |
| Zip / Country<br>33154-2211 / USA | Zip / Country<br>33162 / USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0923362
☐ 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 |
|---|---|
| SILVA, FERNANDO<br>16300 N.E. 19TH AVE., #100<br>NORTH MIAM BEACH FL 33162 | Name: FERNANDO SILVA<br>Street Address (P.O. Box Number is Not Acceptable):<br>16300 NE 19 Ave # 100<br>City: NORTH MIAMI BEACH FL Zip Code: 33162 |

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 _____ 01/23/01
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 $150.00**
**After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WIGODA, GINA<br>9601 Collins Ave # 406<br>BAL HARBOUR FL 33154 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TLE / ME / REET ADDRESS / Y-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TLE / ME / REET ADDRESS / Y-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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: Gina Wigoda 01/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/12/01