

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000045697**

1. Entity Name

INOVA BY DESIGN GROUP, INC.**FILED**
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90018 049 ***150.00

0255359 AV

Principal Place of Business

**9601 COLLINS AVE
406
BAL HARBOUR FL 33154-2211**

Mailing Address

**16300 NE 19 AVE
100
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

16300 NE 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. M. B FL

Zip

Country

Zip

Country

33162

4. FEI Number

65-0923362

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

**SILVA, FERNANDO
16300 NE 19 AVE #100
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

Fernando Silva

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

16300 NE 19 AVE

City

N M B

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/02
DATE9. 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, 2002 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

TITLE **P** ☐ Delete
NAME **WIGODA, GINA**
STREET ADDRESS **9601 COLLINS AVE #406**
CITY-ST-ZIP **BAL HARBOUR FL 33154-2211**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

1/17/02

CR2E034 (9/01)