


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90043 032 \*\*\*158.75

DOCUMENT # P99000045697  
1. Entity Name  
INOVA BY DESIGN GROUP, INC.



40066704

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1105 SATINLEAF ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1105 SATINLEAF ST  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hollywood, FL

City & State  
HOLLYWOOD, FL

4. FEI Number  
65-0923362

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip 33019 Country BROWARD Zip 33019 Country BROWARD

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GINA WIGODA

Street Address (P.O. Box Number is Not Acceptable)  
9601 COLLINS AVE, # 406

City BAL HARBOUR FL Zip Code 33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE <u>President</u>	NAME <u>GINA WIGODA</u>	TITLE	
STREET ADDRESS <u>9601 Collins Ave, # 406</u>	CITY-ST-ZIP <u>BAL HARBOUR, FL 33154</u>	STREET ADDRESS	
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gina Wigoda Date Jan 29, 03 Daytime Phone # 805 868 7441

CR2E034B (12/02)