2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000051454

1. Entity Name

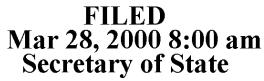
INNOVATIVE PERFORMANCE, INC.

Principal Place of Business 6855 N. WATERWAY DRIVE MIAMI FL 33155

Mailing Address

6855 N. WATERWAY DRIVE MIAMI FL 33155-3860

| 2. Principal Place of Business | 3. Mailing Address | |
|--------------------------------|---------------------|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| City & State | City & State | • |



03-28-2000 90039 010 ***150.00



| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
|--|--|-------------------------|--|---|-------------------------------|-----------------------------------|----------------|---------------------------|--|
| City & State | | City & State | | | 4. FEI Number 0940970 | | | plied For t Applicable | |
| Zip | Country | Zip Country | | 5. (| Certificate of Status Desired | ed \$8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current Re | gistered Agent | | 7. N | lame and Address of New Re | gistered A | gent | | |
| | | , | Name | | | | | | |
| GRUMER, KEITH T ESQ. ONE EAST BROWARD BOULEVARD SUITE 1705 FT. LAUDERDALE FL 33301 | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | City | | | FL | Zip Code | 9 | | |
| SIGNATURE. | named entity submits his statement for the Signature, typed or printed name of registered agent and systems in aliquible to potingly its lottonguible. | utle Lapplicable. (NOTE | registered office or regis Registered Agent signature requirement I! FEE IS \$150.00 | | instating) | 3 | 20-0 | | |
| | | 00 Fee will be \$550.00 | | Election Campaign Fina Trust Fund Contribution. | | | May Be to Fees | | |
| 11. | OFFICERS AND DIE | RECTORS | 12. | AD | DITIONS/CHANGES TO OFFIC | CERS AND I | DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, RICHARD 6855 N. WATERWAY DRIVE MIAMI FL 33155 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NUNEZ, NEISY 6855 N. WATERWAY DRIVE MIAMI FL 33155 | ☐ 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |

13. 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Untz (DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

Addition

Addition