

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90040 028 ***150.00

DOCUMENT # P99000062775

1. Entity Name

INNOVATIVE ART WORLD, INC.

Principal Place of Business

**580 W. 8TH STREET, STE. 7009
 JACKSONVILLE FL 32209**

Mailing Address

**580 W. 8TH STREET, STE. 7009
 JACKSONVILLE FL 32209**

2. Principal Place of Business

**1820 Christopher Pt. Rd.
 Suite, Apt. #, etc.**

3. Mailing Address

**1820 Christopher Pt. Rd.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3594220

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BREMER, ALEXANDRA
 580 W. 8TH STREET, STE. 7009
 JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

Name **Bremer, Alexandra**
 Street Address (P.O. Box Number is Not Acceptable)
1820 Christopher Pt. Rd.
 City **Jacksonville** **FL** Zip Code **32217**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/11/01
 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

TITLE	0	<input type="checkbox"/> Delete
NAME	BREMER, ALEXANDRA	
STREET ADDRESS	1820 CHRISTOPHER PT RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	0	<input type="checkbox"/> Delete
NAME	CUAUHTEMOR, TRUJILLO	
STREET ADDRESS	1820 CHRISTOPHER PT RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Correct Name	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spelling	
STREET ADDRESS	Cuauhtemoc Trujillo	
CITY-ST-ZIP	and also:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Frojillo is last	
NAME	name.	
STREET ADDRESS	Cuauhtemoc is	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	First Name.	
TITLE	Thank you!	<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		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01
 Date

904-910-7545
 Daytime Phone #

CR2E034 (10/00)