

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90043 008 ***150.00

DOCUMENT # P99000094082

1. Entity Name
INNOVATION QUEST, INC.

Principal Place of Business 4141 NE 2ND AVE. #107 MIAMI FL 33137	Mailing Address 4141 NE 2ND AVE. #107 MIAMI FL 33137-3594
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4141 NE 2nd AVE	3. Mailing Address 4141 N.E 2nd AVE
Suite, Apt. #, etc. #107	Suite, Apt. #, etc. #107
City & State Miami, FL	City & State Miami, FL
Zip 33137	Country U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARENA, MAXIMILIAN
4141 NE 2ND AVE. #107
MIAMI FL 33137

Name MAXIMILIAN ARENA
Street Address (P.O. Box Number is Not Acceptable) 4141 NE 2nd AVE # 107
City Miami
State FL
Zip Code 33137

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: **MAXIMILIAN ARENA** DATE: **4/11/2000**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D ARENA, MAXIMILIAN 600 N.E. 36TH ST. #622 MIAMI FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MAXIMILIAN ARENA** DATE: **4/11/2000** DAYTIME PHONE #: **305-576-2484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)