

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094082

1. Entity Name

INNOVATION QUEST, INC.

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

04-21-2000 90043 008 ***150.00

Principal Place of Business

4141 NE 2ND AVE. #107
MIAMI FL 33137

Mailing Address

4141 NE 2ND AVE. #107
MIAMI FL 33137-3594

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

Country

33137

U.S.A.

Zip

Country

33137



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$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 N.E 2nd AVE #107

City

Miami

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

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

MAXIMILIAN ARENA

(NOTE: Registered Agent signature required when reinstating)

4/11/2000

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, 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 ☐ Delete
NAME ARENA, MAXIMILIAN
STREET ADDRESS 600 N.E. 36TH ST. #622
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAXIMILIAN ARENA 4/11/2000 305-576-2484

Date

Daytime Phone #

CR2E034 (9/99)