2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE

Jan 16, 2002 8:00 am Secretary of State P99000094934 **DOCUMENT #** 1. Entity Name INOVATIVE MANAGEMENT GROUP, INC. 01-16-2002 90079 040 ***150.00 Mailing Address Principal Place of Business 2000 BANKS RD. SUITE D-1 2000 BANKS RD. SUITE D-1 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0957726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - [-] aund 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOSEIN, SHAHEED (P.O. Box Number is Not Acceptable) 2000 BANKS RD, SUITE D-1 MARGATE FL 33063 8. The above named entity submits this statement for the purpose of changing its registered office or red agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE TITLE ☐ Delete HOSEIN, SHAHEED NAME NAME STREET ADDRESS 2000 BANKS RD, STE D-1 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP ENP CEO Change ☐ Addition TITLE ☐ Delete TITLE NOTO, RICHARD NAME NAME 2000 BANKS RD, STE D-1 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED