S91985

2002 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # 1. Entity Name

INNOVATIVE HOSPITALITY GROUP, INC.

Principal Place of Business

777 E ATLANTIC AVE

SUITE 226 DELRAY BEACH FL 33483 Mailing Address

777 E ATLANTIC AVE

SUITE 226

DELRAY BEACH FL 33483

2. Principal Place of Business	3. Mailing Address	1 19811949 118 1979 1
960 EUZ STRZZ7	900 EJE STR227	

Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Dr. 0 M Bacut F		City & State	FI		4. F	El Number 65-0294341		_ 	pplied For
TECHO! DOM:	`								t Applicable
Zip Country 734 7 7ALA	BUL	334 83	Series Coun	n & L	5. (Certificate of Status Desired		\$8.75 Add Fee Required	
6. Name and Addre	ss of Current Reg	istered Agent			7. N	ame and Address of New Re	gistered	Agent	
	1 20 00 0 1	Kenneth		Name					
WENZEL, KENNETH A 990 S FEDERAL HWY STE 440 BOCA RATON FL 33432 BICA LATIN, FL 33432				Street Address (P.O. Box Number is Not Acceptable)					
990 S FEDERAL HWY	Hookason	~ 10033 - 11033		Oli CCI / K	Jai 055 (1 . O. D	OX (Tambol to Hot / Tocopiable)			
STE 440	IKOL N.	Willyeld hours							
BOCA RATON FL 33432	Sikz	NO . 22.21		0:4:				Zip Code	
BOOM NATOR I E 30432	BUCA PATE	on the stand		City			FL	- Zip Cour	-
SIGNATURE Signal/Lie, typed or printed name	of registered agent and til	e purpose of changing its	register	d Agent signatu	re required when re		DATE		
 This corporation is eligible to satistical Tax filing requirement and elects to (See criteria on back) 		FILE NOW! After May 1, 20 Make Check Payab	02 Fee ole to D	will be \$5 epartment	50.00 of State	10. Election Campaign Fina Trust Fund Contribution.	. [Added	May Be I to Fees
11 . O	FFICERS AND DIR	ECTORS	12.			DITIONS/CHANGES TO OFFIC	ERS AN		
TITLE P	_	☐ Delete	TITL		1/223	RUMALD C JR		Change	Addition
NAME MUZII, RONALD C J			NAM		GLOF	VE STREET			
STREET ADDRESS 777 E ATLANTIC AV				EET ADDRESS	1000	Y BEACH FL 334	2-7		
CITY-ST-ZIP DELRAY BEACH FL	33483		CHY	'-ST-ZIP	DECIG	A DOIGH PC 33 I	5 –		
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME			NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE		Delete	TITL	_				Change	☐ Addition
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STREET ADDRESS	•			EET ADDRESS	-	حنجيد حجج			-
CITY-ST-ZIP			CITY	'-ST-ZIP					
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CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	£				Change	☐ Addition
NAME			NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	☐ Addition
NAME			NAM	-					
STREET ADDRESS			STRI	EET ADDRESS					

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: