

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26641

1. Entity Name

INTERNATIONAL DIVINE REALIZATION SOCIETY INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90005 018 ****61.25

Principal Place of Business 12205 SW 16 TERRACE #A107 MIAMI FL 33175	Mailing Address 12205 SW 16 TERRACE #A107 MIAMI FL 33175-1569
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0056955	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LACAYO, DANILO
13225 SW 111TH TERR
#4
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP <input type="checkbox"/> Delete
NAME	FLORES, RONALD
STREET ADDRESS	300 LAYNE BLVD, NO 108
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	SD <input type="checkbox"/> Delete
NAME	BASSETT, YESEL R
STREET ADDRESS	11050 SW 169TH TERR
CITY-ST-ZIP	MIAMI FL 33157
TITLE	PD <input type="checkbox"/> Delete
NAME	LACAYO, DANILO
STREET ADDRESS	13225 SW 111 TERRACE SUITE 4
CITY-ST-ZIP	MIAMI FL
TITLE	F <input type="checkbox"/> Delete
NAME	DUARTE, MANUEL
STREET ADDRESS	16920 SW 110 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	RUIZ, ARGENTINA
STREET ADDRESS	9035 SW 149TH PLAY
CITY-ST-ZIP	MIAMI FL
TITLE	F <input type="checkbox"/> Delete
NAME	AYERDIZ, SERGIO
STREET ADDRESS	8015 SW 134TH CT
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<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	
TITLE	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WITNESS REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 (954) 455-9172
Date Daytime Phone #

CR2E037 (9/99)