

2001  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91185 040 \*\*\*\*61.25

**DOCUMENT # N26641**

1. Entity Name

**INTERNATIONAL DIVINE REALIZATION SOCIETY INC.**

Principal Place of Business

Mailing Address

12205 SW 16 TERRACE #A107  
 MIAMI FL 33175

12205 SW 16 TERRACE #A107  
 MIAMI FL 33175-1569

2. Principal Place of Business

**115 SW 107th Avenue**

3. Mailing Address

**115 SW 107th Avenue**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**E**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FL**

4. FEI Number

**65-0056955**

Applied For

Not Applicable

Zip

Country

**33174-1417**

**USA**

Zip

Country

**33174-1417**

**USA**

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP**  Delete  
 NAME **FLORES, RONALD**  
 STREET ADDRESS **300 LAYNE BLVD, NO 108**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BASSETT, YESEL R**  
 STREET ADDRESS **11050 SW 169TH TERR**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LACAYO, DANILO**  
 STREET ADDRESS **13225 SW 111 TERRACE SUITE 4**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **F**  Delete  
 NAME **DUARTE, MANUEL**  
 STREET ADDRESS **16920 SW 110 COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **RUIZ, ARGENTINA**  
 STREET ADDRESS **9035 SW 149TH PLAY**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **TREASURER**  Change  Addition  
 NAME **RUIZ, ARGENTINA**  
 STREET ADDRESS **9586 SW 156 PLACE**  
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **F**  Delete  
 NAME **AYERDIZ, SERGIO**  
 STREET ADDRESS **8015 SW 134TH CT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  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:

**Ronald Flores** **5-5-01** **(954) 455-9172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR