

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 022 ***550.00

DOCUMENT # P01000027674

1. Entity Name
INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING AND DEVELOPMENT, INC.

Principal Place of Business
**1000 ABADAN DRIVE
 DELTONA FL 32725**

Mailing Address
**1000 ABADAN DRIVE
 DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 ABADAN Drive

3. Mailing Address
1000 ABADAN Drive

City & State
Deltona, Florida

City & State
Deltona, Florida

4. FEI Number
59-3709022

Applied For
 Not Applicable

Zip
32725

Country
USA

Zip
32725

Country
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

**SCHECHTMAN, JENNIFER L CPA
 9050 PINES BLVD SUITE 205
 PEMBROKE PINES FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D KARB, ARKADIS 1000 ABADAN DRIVE DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02
Date

Daytime Phone #

CR2E034 (4/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Attachment
871079

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027674

1. Corporation Name

INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT
TRAINING AND DEVELOPMENT, INC.

2. Principal Office Address

1000 ABADAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1000 ABADAN DRIVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-01

5. FE Number

59-3709022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

City & State

DELTONA, FLORIDA

Zip Country
32725 USA

City & State

DELTONA, FLORIDA

Zip Country
32725 USA

7. Name and Address of Current Registered Agent

Name

JENNIFER L SCHECHTMAN, CPA

Street Address (P.O. Box Number is Not Acceptable)

9050 PINES BLVD.

Suite, Apt. #, Etc.

SUITE 205

City

PEMERROKE PINES

State
FL

Zip Code
33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0205 or 617.0363, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/5/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARKADIS KARB 1000 ABADAN DRIVE DELTONA, FL 32725		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0403, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

Callback Phone #