

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 034 ***150.00

DOCUMENT # P0200074016
1. Entity Name
INTERNATIONAL DOORWAY TO EDUCATION & ATHLETICS, CORP.

Principal Place of Business
**3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021**

2. Principal Place of Business
17000 NORTH BAY RD.

3. Mailing Address
17000 NORTH BAY RD.

Suite, Apt. #, etc.
817

City & State
SUNNY ISLES, FL

Zip
33160

Country
USA



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
**ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021**

4. FEI Number
73-1653997

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

B. 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)

FILE NOW!!! FEES \$160.00
April-May 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DUHOUR, MARTIN 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Duhour* **4-22-03** (305)944-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (10/02)