

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90006 038 \*\*\*150.00

DOCUMENT # F00000004094

1. Entity Name

IDEOGEN CORPORATION

Principal Place of Business

17555 COLLINS AVENUE #903  
SUNNY ISLES FL 33160

Mailing Address

17555 COLLINS AVENUE #903  
SUNNY ISLES FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1023469

Applied For

Not Applicable

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

MCREDDLE, MARIA BOYSEN  
200 S. BISCAYNE BLVD.  
WHITE & CASE LLP  
MIAMI FL 33131

Name

ALLEN Libow

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

1200 N. FEDERAL Highway, Suite 301

GRANER, ROO & Libow

City

BOCA RATON

FL

Zip Code

33432

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

3/6/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
DSP  
CARDONA, RAFAEL  
17555 COLLINS AVENUE #903  
SUNNY ISLES FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
PANO, JOSE LUIS  
AV. DR. CARDOSA DE MELO 1460 8TH FLOOR  
SAO PAULA, BRAZIL 04548-0005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
Sao Paulo

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TRAMUTOLA, CARLOS DANIEL  
AV. DR. CARDOSA DE MELO 1460 8TH FLOOR  
SAO PAULA, BRAZIL 04548-0005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
Sao Paulo

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FERNANDEZ CASTRO, GONZOLO  
AV. CORDOBA 1255 4TH FLOOR  
BUENOS AIRES, ARGENTINA C1055-AAC ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERNARDES, OSCAR  
AVE. DR. CARDOSA DE MELO 1460 8th FLOOR  
SAO PAULO BRAZIL 04548-0005 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-01

Daytime Phone #

305-742-7697

CR2E034 (10/00)