

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 007 ***150.00

DOCUMENT # F02000005261

1. Entity Name

IDAX GROUP, INC.



Principal Place of Business
1701 HARBOR VIEW CIRCLE
WESTON FL 33327

Mailing Address
1304 SW 180TH AVE.. #210
SUNRISE FL 33326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **88-0426274**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ-PUYANA, HECTOR
1701 HARBOR VIEW CIRCLE
WESTON FL 33327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS RUIZ-PUYANA, HILDEGUND 1701 HARBOR VIEW CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDVT RUIZ-PUYANA, HECTOR 1701 HARBOR VIEW CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/2003 385 6719

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

IDAX GROUP, INC.
1304 SW 160TH AVE. SUITE 210
SUNRISE, FL 33326
PHONE (954) 385-6719
OR (954) 646-5578
FAX (954) 385-3148
E-MAIL: HHRP@MYACC.NET

10110071
F02000005261




Florida Dept. of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Sunrise, July 10, 2003

Attached please find the completed UBS for our For-Profit Corporation and our check for \$150.00. This is the first notice we received, and the first year that the UBS has to be filed. Please waive the late charge of \$400 since we were not aware of the filing deadline and did not receive a prior notice.

Thank you very much,

IDAX GROUP, INC.


Hildegund Ruiz-Puyana, CEO