

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004716

1. Entity Name

INTERCONTINENTAL DEVELOPMENT AND ENTERPRISES, IN

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90031 020 \*\*\*150.00

Principal Place of Business

8181 W BROWARD BLVD #300  
PLANTATION FL 33324

Mailing Address

8181 W BROWARD BLVD #300  
PLANTATION FL 33324-2049

2. Principal Place of Business

8181 W. Broward Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Plantation, FL 33324

Zip  
33324

3. Mailing Address

P.O. Box 831181

Suite, Apt. #, etc.

City & State

Miami, FL 33283

Zip

Country  
33283



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1733989

Applied For

Not

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIETZ, LAWRENCE D ESQ  
8181 W BROWARD BLVD #300  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

8181 W. Broward Blvd., #201

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

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, 2000 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

TITLE DCP  
NAME EISA, ABDULRAHMAN ☐ Delete  
STREET ADDRESS 15627 FERN CREEK RD  
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Change ☒ Add  
NAME Khalid Edrees  
STREET ADDRESS P.O. Box 831181  
CITY-ST-ZIP Miami, FL 33283

TITLE DCP ☒ Change ☐ Add  
NAME Eisa, Abdulrahman  
STREET ADDRESS PO Box 831181  
CITY-ST-ZIP Miami, FL 33283

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

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

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

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

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2000

Date

Daytime Phone #