

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90079 027 ***150.00

DOCUMENT # F98000003302

1. Entity Name

I.D.D.S., INC.

Principal Place of Business

Mailing Address

10321 NORTH COMMERCE PARKWAY
 MIRAMAR FL 33025

10321 NORTH COMMERCE PARKWAY
 MIRAMAR FL 33025-3961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2037 N. Commerce Pkwy

Suite 3

Weston, FL

33326

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

MANELLA, ROSS

2500 HOLLYWOOD BOULEVARD, SUITE 212
HOLLYWOOD FL 33020

Name

Ross Manella

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

2037 N. Commerce Parkway

Suite 3

Weston

FL

Zip Code

33326

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	LUSSIER, YVES	
STREET ADDRESS	6 CHEMIN DU CRIQUE STE THEKESP	
CITY-ST-ZIP	P.Q - CANADA J7E2R1	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPALME, PIERRE	
STREET ADDRESS	3645 WESTMINSTER	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDUC, GERARD	
STREET ADDRESS	194 BUREAUX DE LA COLLINE	
CITY-ST-ZIP	92213 ST CLOUD CROCK, FRANCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE BREGERS, PATRICE	
STREET ADDRESS	194 BUREAUX DE LA COLLINE	
CITY-ST-ZIP	92213 ST CLOUD CROCK, FRANCE	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOUAM, HAFID	
STREET ADDRESS	18130 NW 16TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/00

Date

Daytime Phone #

CR2E034 (9/99)