

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90038 025 \*\*\*158.75

**DOCUMENT # M26438**

1. Entity Name

**INTERNATIONAL DEVELOPMENT ADVISORY SERVICES (IDA S), INC.**

Principal Place of Business

Mailing Address

4651 PONCE LEON BLVD  
 SUITE 201  
 CORAL GABLES FL 33146  
 US

4651 PONCE DE LEON BLVD  
 SUITE 201  
 CORAL GABLES FL 33146  
 US

80021922



2. Principal Place of Business

3134-CORAL WAY

3. Mailing Address

3134-CORAL WAY

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

MIA MI, Florida

City & State

MIA MI, Florida

Zip

33145

Country

USA

Zip

33145

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

SPINRAD, BERNARD

4651 PONCE DE LEON BLVD  
 SUITE 201  
 CORAL GABLES FL 33146

Name

SPINRAD, BERNARD

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

3134 CORAL WAY

Suite B

City

MIAMI

FL

Zip Code

33145

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, type 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, 2002 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  
 DP  
 SPINRAD, BERNARD  
 4651 PONCE DE LOEN BLVD., SUITE 201  
 CORAL GABLES FL ☐ Delete

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

TITLE  
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 ARAN-SPINRAD, MARIEN  
 4651 PONCE DE LEON BLVD. SUITE 201  
 CORAL GABLES FL ☐ Delete

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 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  
 SPINRAD, BERNARD

Date 1/24/02 (305) 665-830

CR2E034 (9/01)