

2001
2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91185 040 ****61.25

DOCUMENT # N26641

1. Entity Name

INTERNATIONAL DIVINE REALIZATION SOCIETY INC.

Principal Place of Business

Mailing Address

12205 SW 16 TERRACE #A107
MIAMI FL 33175

12205 SW 16 TERRACE #A107
MIAMI FL 33175-1569

2. Principal Place of Business

115 SW 107TH AVENUE

3. Mailing Address

115 SW 107TH AVENUE

Suite, Apt. #, etc. **B**

Suite, Apt. #, etc. **E**

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

Country

33174-1417 USA

Zip

Country

33174-1417 USA

4. FEI Number

65-0056955

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

LACAYO, DANILO
13225 SW 111TH TERR
#4
MIAMI FL 33186

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	FLORES, RONALD	
STREET ADDRESS	300 LAYNE BLVD, NO 108	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BASSETT, YESEL R	
STREET ADDRESS	11050 SW 169TH TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACAYO, DANILO	
STREET ADDRESS	13225 SW 111 TERRACE SUITE 4	
CITY-ST-ZIP	MIAMI FL	
TITLE	F	<input type="checkbox"/> Delete
NAME	DUARTE, MANUEL	
STREET ADDRESS	16920 SW 110 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUIZ, ARGENTINA	
STREET ADDRESS	9035 SW 149TH PLAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	F	<input type="checkbox"/> Delete
NAME	AYERDIZ, SERGIO	
STREET ADDRESS	8015 SW 134TH CT	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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		

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 617, 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:

Ronald Flores **5-5-01** **(954) 455-9172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR