

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**  
 02-08-2002 90013 003 \*\*\*150.00

**DOCUMENT # P00000005796**

**1. Entity Name**  
**INTEGRATED DESIGN IDEAS & SERVICES, INC.**

**Principal Place of Business**  
 2775 E. OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33306

**Mailing Address**  
 2775 E. OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33306

**B0020298**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 3433 GALT OCEAN DR  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 3433 GALT OCEAN DRIVE  
 Suite, Apt. #, etc.

**City & State**  
 FORT LAUDERDALE FL  
**Zip**  
 33308  
**Country**  
 Broward

**City & State**  
 FORT LAUDERDALE FL  
**Zip**  
 33308  
**Country**  
 Broward

**4. FEI Number** 65-0981079  
**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 VALENCIA, ROBERTO  
 2775 E. OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33306

**7. Name and Address of New Registered Agent**  
**Name** VALENCIA, ROBERTO  
**Street Address (P.O. Box Number is Not Acceptable)** 3433 GALT OCEAN DR.  
**City, State, Zip Code** FORT LAUDERDALE FL 33308

**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** ROBERTO VALENCIA, PRES. [Signature] 1/18/02  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VALENCIA, ROBERTO
STREET ADDRESS	2775 E. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	VALENCIA, ROBERTO
CITY-ST-ZIP	3433 GALT OCEAN DR FT. LAUDERDALE, FL. 33308
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	

**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] ROBERTO VALENCIA, PRES. 1/18/02 566.3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)