

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90309 009 ***150.00

DOCUMENT # P00000035.103

1. Entity Name
IDALMIS RESIDENCE INC.

Principal Place of Business 3530 SW 12TH ST MIAMI FL 33135	Mailing Address 3530 SW 12TH ST MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

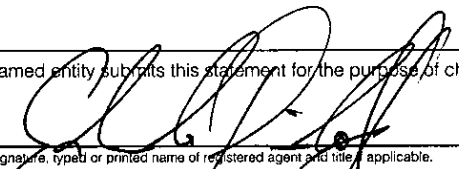
2. Principal Place of Business 3530 S.W 12TH ST Suite, Apt. #, etc.	3. Mailing Address 3530 S.W 12TH ST Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0996669 25112	Applied For Not Applicable
Zip 33135	Country	Zip 33135	Country

5. Certificate of Status Desired 7 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PICADO, ZULEIDA
3530 SW 12TH ST
MIAMI FL 33135

7. Name and Address of New Registered Agent
 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  DATE **2/20/01**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

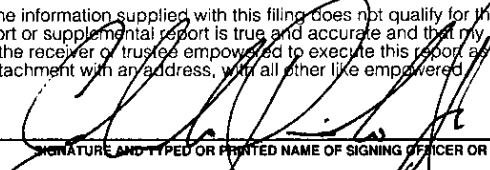
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PICADO, ZULAIKA 3530 SW 12TH ST MIAMI FL 33135	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICADO, EDUARDO 3530 SW 12TH ST MIAMI FL 33135	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **2/20/01**
Signature and typed or printed name of signing officer or director Days Daytime Phone #

CR2E034 (10/00)