

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90043 006 ***150.00

DOCUMENT # P00000035103
 1. Entity Name
IDALMIS RESIDENCE INC.

Principal Place of Business Mailing Address
~~3530 SW 12TH ST~~ ~~3530 SW 12TH ST~~
MIAMI FL 33135 **MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3530 S.W 12 ST **3530 SW 12 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33135 **33135**

4. FEI Number **65-0996663** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$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 **ZULEIDA PICADO**
 Street Address (P.O. Box Number is Not Acceptable)
3530 SW 12 ST
 City **MIAMI** FL Zip Code **33135**

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 *Zuleida Picado* DATE **2/22/02**
Signature, typed or printed name of registered agent and use if 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.
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PICADO, ZULAIIDA	
STREET ADDRESS	3530 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICADO, EDUARDO	
STREET ADDRESS	3530 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULEIDA PICADO	
STREET ADDRESS	3530 SW 12 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO PICADO	
STREET ADDRESS	3530 SW 12 ST	
CITY-ST-ZIP	MIAMI FL 33135	
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: *Zuleida Picado* DATE **2/22/02** (305) 446-5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)