

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90033 040 \*\*\*150.00

DOCUMENT # P00000061225

1. Entity Name

IDL Research & Development, Corp.

Principal Place of Business

Mailing Address

2080 Green View Shore Blvd #419 Wellington, Florida 33414 2080 Green View Shore Blvd #419 Wellington, Florida 33414

2. Principal Place of Business

3. Mailing Address

2080 Green View Shore Blvd #419

Suite, Apt. #, etc.

City & State

City & State

Wellington, Florida

4. FEI Number

65-1018095

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jose Antonio Gallardo  
2080 Green View Shore Blvd #419,  
Wellington, Florida 33414

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

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

**FILE NOW!!! FEES \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<u>PTD</u>	<input type="checkbox"/> Delete
NAME	<u>Jose Antonio Gallardo</u>	
STREET ADDRESS	<u>2080 Green View Shore Blvd #419</u>	
CITY-ST-ZIP	<u>Wellington, Florida 33414</u>	
TITLE		<input type="checkbox"/> Delete
NAME	<u>Blaise Gallardo</u>	
STREET ADDRESS	<u>2080 Green View Shore Blvd #419</u>	
CITY-ST-ZIP	<u>Wellington, Florida 33414</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02 (561) 784-9844

Date Daytime Phone #

CR2E034 (5/01)