

DOCUMENT # P00000075785

1. Entity Name  
INTERNATIONAL DATA ENTERPRISES OF THE AMERICAS,

Principal Place of Business Mailing Address  
669 NW 46TH AVE. 669 NW 46TH AVE.  
DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442

2. Principal Place of Business 3. Mailing Address  
2979 N. POWERLINE ROAD 2979 No. POWERLINE ROAD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
POMPANO BEACH, FL POMPANO BEACH, FL  
Zip Country Zip Country  
33069 U.S.A. 33069 U.S.A.

6. Name and Address of Current Registered Agent  
WACHTEL, BARRY  
669 NW 46TH AVE.  
DEERFIELD BCH FL 33442

4. FEI Number Applied For  
65-1037794 Not Applicable

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

7. Name and Address of New Registered Agent  
Name BARRY WACHTEL  
Street Address (P.O. Box Number is Not Acceptable)  
2979 NORTH POWERLINE ROAD  
City POMPANO BEACH FL Zip Code 33069

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 BARRY WACHTEL 1/4/01  
(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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTEL, BARRY	NAME	WACHTEL, BARRY
STREET ADDRESS	669 NW 46TH AVE.	STREET ADDRESS	2979 NORTH POWERLINE ROAD
CITY-ST-ZIP	DEERFIELD BCH FL 33442	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 BARRY WACHTEL 1/4/01 954-984-6338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90135 009 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)