

Box 8-13

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

IDM Arts Inc.

PO1000000167

DO NOT WRITE IN THIS SPACE

600005500706--0
-05/09/02--01055--019
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6103 Boca Colony Dr.

Suite, Apt. #, etc.

1425

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

65-6076850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Igor Mirvelor

Street Address (P.O. Box Number is Not Acceptable)

6103 Boca Colony Dr. 1425

City

Boca Raton

FL

Zip Code

33433

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 date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/25/02

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

☒

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Igor Mirvelor
6103 Boca Colony Dr. 1425
Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
IN THIS SPACE

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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGOR MIRVELOV 4/25/02 (561)4162846

Date

Day or Night Phone #

CR2E034B (12/01)

ya 5/8/02

box 8 and 10
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

IDM Arts Inc.

2. Principal Office Address

6103 Boca Colony Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

1425

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

FL

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Igor Mirvelov

Street Address (P.O. Box Number is Not Acceptable)

6103 Boca Colony Dr. 1425

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/25/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Igor Mirvelov	6103 Boca Colony Dr. 1425	Boca Raton, FL 33433

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

IGOR MIRVELOV

4/25/02

(561) 416 2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 2002

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

To Whom It May Concern:

I have just been informed by my C.P.A., after his conversation with your office, that my corporation failed to file its annual report for 2001. I feel that the reinstatement fee should be abated for the following reasons. As a new corporation in Florida, I was unaware of the importance of timely filing. In addition, I never received the required form. I am attaching the necessary form for reinstatement plus the 2002 form. My C.P.A. has advised me of the need to file timely and I hereby enclose \$300.00 for last year and this year to catch up to date. Thanks for consideration in this matter.

Sincerely,

Igor Mirvelov,
President

