

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 022 ***550.00

DOCUMENT # P01000027674

1. Entity Name
INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING AND DEVELOPMENT, INC.

Principal Place of Business

**1000 ABADAN DRIVE
 DELTONA FL 32725**

Mailing Address

**1000 ABADAN DRIVE
 DELTONA FL 32725**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 ABADAN Drive

3. Mailing Address

1000 ABADAN Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona, Florida

City & State

Deltona, Florida

4. FEI Number

59-3709022

Applied For

Not Applicable

Zip

Country

32725

USA

Zip

Country

32725

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUCHTMAN, JENNIFER L CPA
 9050 PINES BLVD SUITE 205
 PEMBROKE PINES FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

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!!! FEE IS \$550.00
 After September 13, 2002 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 **D** ☐ Delete
 NAME **KARB, ARKADIS**
 STREET ADDRESS **1000 ABADAN DRIVE**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

Daytime Phone #

CR2E034 (4/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000027674

1. Corporation Name

INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT
TRAINING AND DEVELOPMENT, INC.

2. Principal Office Address

1000 ABADAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1000 ABADAN DRIVE

Suite, Apt. #, etc.

City & State

DELTONA, FLORIDA

Zip

32725

Country

USA

City & State

DELTONA, FLORIDA

Zip

32725

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-01

5. FE Number

59-3709022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JENNIFER L SCHECHTMAN, CPA

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

9050 PINES BLVD.

Suite, Apt. #, Etc.

SUITE 205

City

PEMERROKE PINES

State
FLZip Code
33024

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

REGISTERED AGENT MUST SIGN

Date

9/5/02

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
D	ARKADIS KARB 1000 ABADAN DRIVE DELTONA, FL 32725		

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 617.0403, 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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/02

Attachment
871079