

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90060 010 \*\*\*158.75

DOCUMENT # P01000079358

1. Entity Name  
IODAN INC

Principal Place of Business

329 WEST PALM DRIVE  
FLORIDA CITY FL 33034

Mailing Address

329 WEST PALM DRIVE  
FLORIDA CITY FL 33034

2. Principal Place of Business

27156 S. DIXIE HWY

3. Mailing Address

27156 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

NARANJA, Florida

City &amp; State

NARANJA, FLORIDA

4. FEI Number

65-1132078

Applied For

Not Applicable

Zip

33032

Country

M. Dade

Zip

33032

Country

U.S.A.

5. Certificate of Status Desired

X \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, EDWIN  
1651 NE 8 ST  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name Jose D. Negron

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

20621 S.W. 125 Avenue

City

Miami

FL

Zip Code

33177

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

3/11/2002

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, JOSE R D	
STREET ADDRESS	329 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

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		

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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EALSY DE LA VEGA	
STREET ADDRESS	7320 BUCHANAN street	
CITY-ST-ZIP	Hollywood Fla 33024-7154	

TITLE	Treasurer/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE D. NEGRON	
STREET ADDRESS	329 WEST PALM DRIVE	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE D. NEGRON

Date

3/11/2002

Daytime Phone #

248-7909

CR2E034 (9/01)