

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079358

1. Entity Name
IODAN INCPrincipal Place of Business
329 WEST PALM DRIVE
FLORIDA CITY FL 33034Mailing Address
329 WEST PALM DRIVE2. Principal Place of Business
27156 S. DIXIE Hwy
Suite, Apt. #, etc.3. Mailing Address
27156 S. DIXIE Hwy

Suite, Apt. #, etc.

City & State
MELANJA Florida
Zip 33032 Country FLORIDACity & State
33032 M. DadeCity & State
MELANJA, FLORIDA
Zip 33032 Country U.S.A.FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90060 010 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1132078
Applied For
Not Applicable5. Certificate of Status Desired \$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 José 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
NAME NEGRON, JOSE R D
STREET ADDRESS 329 WEST PALM DRIVE
CITY-ST-ZIP FLORIDA CITY FL 33034 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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 recorder 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

Date

Daytime Phone #