

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90907 030 ***158.75

DOCUMENT # **P01000101311**

1. Entity Name

I & D Corporation of South Florida



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9660 W. Sample Road

Suite, Apt. #, etc.

301

3. Mailing Address

9660 W. Sample Road

Suite, Apt. #, etc.

301

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-1146866

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos V. Mora

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

9660 W. Sample Road, Ste 301

City

Coral Springs

FL

Zip Code

33065

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MORA, CARLOS V**
STREET ADDRESS **9660 W. Sample Road, Ste 301**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **S**
NAME **NOUAY, Michel E**
STREET ADDRESS **9660 W. Sample Road, Ste 301**
CITY-ST-ZIP **Coral Springs, FL 33065**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel E. Nouay **2/27/03** **954-752-8065**

Date

Daytime Phone #

CR2E034B (12/02)