

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90142 046 ***150.00

DOCUMENT # *P01000109616*

1. Entity Name

International Dealers, Inc.



DO NOT WRITE IN THIS SPACE

60013504

2. Principal Place of Business

201 Alhambra Cr.

3. Mailing Address

201 Alhambra Cr.

Suite, Apt. #, etc.

Suite 502

Suite, Apt. #, etc.

Suite 502

City & State

Coral Gables

City & State

Coral Gables

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

02-0538137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Emilio C. Pastor

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

201 Alhambra Circle

Suite 502

City

Coral Gables

FL

Zip Code

33134

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

Emilio C. Pastor

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-03

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*Director
Rafael Almansa
Ave. Rivadavia, 2151, 4to piso
Dept. F
Capital Federal Argentina*

TITLE
NAME
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CITY - ST - ZIP

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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: *Rafael Almansa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

Daytime Phone #

CR2E034B (12/02)