

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

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90068 043 \*\*\*558.75

DOCUMENT # P01000110318

1. Entity Name

IDEAS DISTRIBUTION CENTER

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1855 GRIFFIN RD

Suite, Apt. #, etc.

SUITE # A376

City & State

DAVIA BCH. FL

Zip

33004

Country

USA

3. Mailing Address

1855 GRIFFIN RD

Suite, Apt. #, etc.

SUITE A376

City & State

DAVIA BCH. FL

Zip

33004

Country

USA

4. FEI Number

65-1156419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

EDUARDO MARTINEZ

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

1855 4080 BARBAROSSA AVE

City

MIAMI

FL

Zip Code

33133

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDUARDO A. MARTINEZ 4080 BARBAROSSA AVE MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

*Eduardo Martinez* President 9.5.2002 (954) 921-7453

CR2E034B (12/01)