

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90301 026 \*\*\*150.00

**DOCUMENT # P02000041190**

**1. Entity Name**  
**ID APARTMENTS, INC.**



**Principal Place of Business**  
1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129

**Mailing Address**  
1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129



**2. Principal Place of Business**

9630 SW 103 AV

**3. Mailing Address**

9630 SW 103 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
Miami FL

**City & State**  
Miami FL

**4. FEI Number**  
03 0437354

**Applied For**  
☐ Not Applicable

**Zip** 33176 **Country** DAD

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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BESU, ROGER  
1925 BRICKELL AVENUE  
SUITE D206  
MIAMI FL 33129

**7. Name and Address of New Registered Agent**

**Name** RAFAEL DIAZ  
**Street Address** 9630 SW 103 AV.  
**City** Miami **FL** **Zip Code** 33176

**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**

01/08/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	IBARRA, JOSE	
<b>STREET ADDRESS</b>	9750 SW 143 ST	
<b>CITY-ST-ZIP</b>	MIAMI FL 33176	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	RAFAEL DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	9630 SW 103 AV.	
<b>STREET ADDRESS</b>	MIAMI FL 33176 V.P.	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03 (305) 798-7623

Date

Daytime Phone #

CR2E034 (10/02)