

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90319 008 ***150.00

DOCUMENT # P02000060585

1. Entity Name
IDEAS & STRATEGIC PROJECTS, INC.



Principal Place of Business
**848 BRICKELL AVENUE
SUITE 1120
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVENUE
SUITE 1120
MIAMI, FL 33131**

2. Principal Place of Business
200 NE 2ND DRIVE
Suite, Apt. #, etc.

3. Mailing Address
C/O ALLEN & GALEGO
Suite, Apt. #, etc.
601 BRICKELL KEY DR STE 805

City & State
HOMESTEAD, FL

City & State
MIAMI, FL

Zip
33030

Country

Zip
33131

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3683075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDERON, FRANCISCO S
848 BRICKELL AVENUE
SUITE 1120
MIAMI, FL 33131**

Name
ALLEN & GALEGO

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

601 BRICKELL KEY DR STE 805

City
MIAMI

FL

Zip Code
33131

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

by: Robert N. Allen, Jr., President

4/28/03
DATE

(NOTE: Registered Agent Signature required when resigning)

FIVE NOW!!! FEE IS \$450.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALDERON, FRANCISCO S
848 BRICKELL AVENUE SUITE 1120
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVST
CALDERON, FRANCISCO S
601 BRICKELL KEY DRIVE STE 805
MIAMI, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SS
ALLEN, ROBERT N JR
601 BRICKELL KEY DR STE 805
MIAMI, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr.

Date

Daytime Phone #

4/28/03 305-372-3300

CR2E034 (10/02)