2001 UNIFORM BUSINESS REPORT (UBR)

0159657

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90010 035 ***150.00

DOCUMENT # P93000077997

1. Entity Name
IDEECO, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. SUITE 625 CORAL GABLES FL 33134 US	999 PONCE DE LEON BLVD. SUITE 625 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0446279 ☐ 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
DIAZ, JESUS A ~~3518 SAHARA SPRINGS BLVD.~~ ONE LAS OLAS CIRCLE ~~POMPANO BEACH FL 33069~~ APT. 915 FT. LAUDERDALE, FL. 33316	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001 Fee will be $550.00** **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, JESUS A ~~3518 SAHARA SPRINGS BLVD.~~ ~~POMPANO BEACH FL 33069~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ONE LAS OLAS CIRCLE, APT. 915 FT. LAUDERDALE, FL. 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMINO, ROBERTO 999 PONCE DE LEON BLVD., #625 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J A Diaz JESUS A. DIAZ 4/3/01 954-763-5462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #