

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045212

1. Entity Name

INTERNATIONAL DEVELOPMENT & CONSTRUCTION PARTNER

Principal Place of Business

% LUIS ALFREDO D'AGOSTINO
848 BRICKELL AVE., SUITE 810
MIAMI FL 33131

Mailing Address

% LUIS ALFREDO D'AGOSTINO
848 BRICKELL AVE., SUITE 810
MIAMI FL 33131-2976

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0506525

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUL, GARY A
1221 BRICKELL AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, FRANCO	
STREET ADDRESS	848 BRICKELL AVE., SUITE 810	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, NICOLAS	
STREET ADDRESS	848 BRICKELL AVE., SUITE 810	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	D'AGOSTINO, LUIS	
STREET ADDRESS	848 BRICKELL AVENUE STE 810	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SIMON, LEONARDO	
STREET ADDRESS	848 BRICKELL AVENUE SUITE 810	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMON, EDUARDO	
STREET ADDRESS	848 BRICKELL AVE #810	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

FRANCO D'AGOSTINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00
Date

(305) 377-8333
Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90037 016 ***158.75

642312



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)