

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2000 90086 046 \*\*\*150.00

**DOCUMENT # P94000084520**

1. Entity Name

**IDON GROUP CORPORATION**

Principal Place of Business

9950 E. BAY HARBOR DRIVE  
 SUITE 1  
 MIAMI FL 33154  
 US

Mailing Address

9950 E. BAY HARBOR DRIVE  
 SUITE 1  
 MIAMI FL 33154-1538  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-8439168**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOR, NATHAN**  
**9950 E. BAY HARBOR DRIVE**  
**SUITE 1**  
**MIAMI FL 33154**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME          | STREET ADDRESS      | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------|---------------------|------------------------|---------------------------------|
| P     | SCHOR, NATHAN | 11501 NE 11TH PLACE | BISCAYNE PARK FL 33161 | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |
|       |               |                     |                        | <input type="checkbox"/>        |

| TITLE     | NAME          | STREET ADDRESS             | CITY-ST-ZIP     | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-----------|---------------|----------------------------|-----------------|-------------------------------------|-----------------------------------|
| PRESIDENT | SCHOR, NATHAN | 9950 EAST BAY HARBOR DRIVE | MIAMI, FL 33154 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |
|           |               |                            |                 | <input type="checkbox"/>            | <input type="checkbox"/>          |

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: Nathan Schor NATHAN SCHOR 4/15/00 305. 866.9925  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)