

**FOR PROFIT CORPORATION *Amendment***  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P96000047708

1. Entity Name

*I D A Financial, Inc.*

FILED

02 JUN 28 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*13301 Biscayne BV #*

Suite, Apt. #, etc.

*108*

City & State

*N. Miami FL*

Zip

*33181*

Country

*US*

3. Mailing Address

*13301 Biscayne BV*

Suite, Apt. #, etc.

*108*

City & State

*North Miami, FL*

Zip

*33181*

Country

*US*

4. FEI Number

*65-0669876*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*FRANK MAZZA*

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

*13499 Biscayne BV # 706*

*N. Miami*

City

*N. Miami*

FL

Zip Code  
*33181*

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)

*6/3/02*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>Pres, VP, Sec, Treas.</i>
NAME	<i>FRANK MAZZA</i>
STREET ADDRESS	<i>13499 Biscayne BV # 706</i>
CITY-ST-ZIP	<i>N. Miami FL 33181</i>
TITLE	<i>Director</i>
NAME	<i>FRANK RODRIGUEZ</i>
STREET ADDRESS	<i>299 Alhambra Circle #223</i>
CITY-ST-ZIP	<i>Coral Gables FL 33134</i>
TITLE	<i>Director</i>
NAME	<i>SCOTT LIPMAN</i>
STREET ADDRESS	<i>940 NE 69th St #110</i>
CITY-ST-ZIP	<i>Miami FL 33138</i>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*FRANK MAZZA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/3/02 305-940-3275*  
Date Daytime Phone #

*Amendment*