

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000047708

1. Entity Name

*I D A Financial, Inc*

FILED

02 OCT 14 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*13301 Biscayne BV #108*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

*1058*

Suite, Apt. #, etc.

City & State

*N. Miami, FL*

City & State

Zip

*33181*

Country

*USA*

Zip

Country

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)

*13301 Biscayne BV #108*

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

*2*

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

(NOTE: Registered Agent signature required when reinstating)

*10/8/02*

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres, VP, Sec, Treas FRANK MAZZA 13301 BISCAYNE BV #108 N. MIAMI, FL 33181</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR SCOTT LIPMAN 880 NE 69 ST # 110 MIAMI, FL 33181</i>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/8/02*

Date

*305-840-3225*

Daytime Phone #

CR2E0345 (12/01)

*10/14/02*

**A.V.F ENTERPRISES, INC.**

**1626 S.E 39 TERRACE  
CAPE CORAL FL. 33904**

October 9, 2002

Division of corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Fl 32314

Ref: A.V. F. ENTERPRISES, INC.  
DOCUMENT# P99000087854

Dear Sir or Madam:

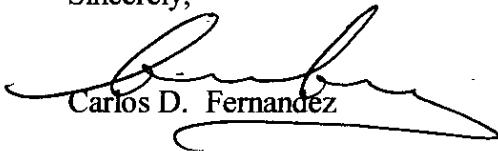
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$150.00

Please advise

Your cooperation is appreciated.

Sincerely,

  
Carlos D. Fernandez

CF/js