

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90173 040 \*\*\*150.00

**DOCUMENT # P97000090216**

1. Entity Name

IDEA, INC.

Principal Place of Business

Mailing Address

231-174TH STREET  
 #1709  
 SUNNY ISLES FL 33160  
 US

PO BOX 80-1338  
 AVENTURA FL 33280  
 US

2. Principal Place of Business

3. Mailing Address

12955 Biscayne Blvd.

P.O. Box 80-0455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 408

City & State

City & State

NORTH MIAMI, FL

AVENTURA, FL

Zip

Country

Zip

Country

33181

US

33280

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEHEBAR, DAVID  
 231-174TH ST  
 STE 1709  
 SUNNY ISLES FL 33160

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 LUBOMIRA NENTCHEVA

4/27/01

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 ☐ Delete  
 NAME DP  
 STREET ADDRESS NENTCHEVA, LUBOMIRA V  
 CITY-ST-ZIP 1385 S OCEAN DRIVE #7E  
 HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: L. Nentcheva

4/27/01 (305) 981-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)