## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P97000092978

1. Entity Name IDOWU, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90160 029 \*\*\*150.00

Principal Place of Business 2620 SW 27TH AVENUE COCONUT GROVE FL 33133			262	Mailing Address 2620 SW 27TH AVENUE COCONUT GROVE FL 33133				~ 00131\I			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			Cit	City & State			4.	4. FEI Number 65-0811780 Applied For Not Applicable			
Zip	Country			)	ntry 5.		Certificate of Status Desired	¢0.75	dditional		
	ed Agent				7. Name and Address of New Registered Agent						
RAMOS, OLUKAYODE 2620 SW 27TH AVENUE						Name Street Addre		3ox Number is Not Acceptable)	orou Agent		
COCONUT GROVE FL 33133				T	and the second section of the section o						
9 The shave						City		ent, or both, in the State of Florida.	FL Zip Co		
SIGNATURE F Afte	Signature, typed	or printed name of registered agent  FEE IS \$150.00  Fee will be \$550.00  Florida Department or	and title if ap			d Agent signature req			DATE	00 May Be	
10.	100	11			DITIONS ISSUED TO STREET						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2620 SW :	OFFICERS AND DLUKAYODE 27TH AVENUE GROVE FL 33133	DINECTO	☐ Delete		I .	AU	DITIONS/CHANGES TO OFFICERS	AND DIRECTOI	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ · · -		<b>.</b> .	☐ Delete			c, 450. <u>ua.,</u>	en 1850 i 1851 i 1870 - Le Leon Mentegretto e	☐ Change	☐ Addition	
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ITLE IAME TREET ADORESS ITY-ST-ZIP				□ Delete		T ADDRESS ST-ZIP		8	☐.Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP	-		•	□ Delete	CITY-S		<u>-</u>		Change;	☐ Addition	
2. I hereby co	ertify that the	information supplied with	this filing	does not qualify for t	the exem	notion stated in	Section 1	19.07(3)(i) Florida Statutes I further	contifue that the f		

indicated on this report of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact ment with the address, with all other like empowered. of the corporation or the exciving changed, or on an attackment

SIGNATURE:

UR EOLÜKAYODERRERAMOS

1/17/03

305-476-4220 Daytime Phone #