

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90050 027 \*\*\*558.75

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**DOCUMENT # P98000026650**

1. Entity Name  
**I D A GROUP CORP.**

Principal Place of Business  
**3407 SOUTH OCEAN BLVD.**  
**4C**  
**HIGHLAND BEACH FL 33487**  
**US**

Mailing Address  
**P.O. BOX 811838**  
**BOCA RATON FL 33481**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**512 E. Atlantic Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 811838**  
 Suite, Apt. #, etc.

City & State  
**Delray Beach FL**  
 Zip  
**33442**  
 Country  
**USA**

City & State  
**BOCA RATON FL**  
 Zip  
**33481**  
 Country  
**USA**

4. FEI Number **65-0825991** Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SERRATO, AURORA**  
**3407 SOUTH OCEAN BLVD. 4C**  
**HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent  
 Name **Aurora Licht**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7086 Via Mediterranea**  
 City & State **BOCA RATON FL** Zip Code **33433**

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 **Aurora Licht V.P.** **Aurora Licht** **7-26-01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LICHT, DAVID</b> <b>3912 S. OCEAN BOULEVARD</b> <b>HIGHLAND BEACH FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAZQUEZ, IRIS</b> <b>3912 S. OCEAN BOULEVARD</b> <b>HIGHLAND BEACH FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SERRATO, AURORA</b> <b>3533 NW 61ST ST. CIRCLE</b> <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Licht DAVID</b> <b>7086 Via Mediterranea</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Director</b> <b>Licht Aurora</b> <b>7086 Via Mediterranea</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-26-01**  
Date

**954**  
**439-1386**  
Daytime Phone #

CR2E034 (5/01)