

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032864

1. Entity Name

INNOVATIVE DESIGN & MANAGEMENT CONSULTANTS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90071 033 ***158.75

Principal Place of Business

440 S. FEDERAL HWY
#202
DEERFIELD BEACH FL 33441

Mailing Address

440 S. FEDERAL HWY
#202
DEERFIELD BEACH FL 33441-4187

2. Principal Place of Business

710 Lyons Rd # 101

3. Mailing Address

710 Lyons Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33441

Country

Broward

Zip

33441

Country

Broward

4. FEI Number

65-0841475

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELROWENY, SALAH
5950 NE 18TH AVE SUITE 528
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

ELroweny Salah

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

711 Lyons Rd # 14206

City

Coconut Creek, FL

FL

Zip Code

33063

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)

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS ELROWENY, SALAH
CITY-ST-ZIP 5950 NE 18TH AVE SUITE 528
FT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/2000 954-413-4340