

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90573 002 ***150.00

0157073 AV

DOCUMENT # P98000039364

1. Entity Name

I.D.M. MANAGEMENT, INC.

Principal Place of Business

**10837 CHARLESTON PLACE
 COOPER CITY FL 33026**

Mailing Address

**10837 CHARLESTON PLACE
 COOPER CITY FL 33026**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4300 N UNIVERSITY DR

3. Mailing Address

4300 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

B-104

Suite, Apt. #, etc.

B-104

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

4. FEI Number

65-0833877

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, NORMAN T ESQ
 ROBERTS & SALAZAR, LLP
 50 WEST MASHTA DRIVE SUITE 2
 KEY BISCAYNE FL 33149**

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D MORROW, ILANA
10837 CHARLESTON PLACE
COOPER CITY FL 33026

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
MORROW ILANA
4300 N UNIVERSITY DRIVE SUITE B-104
LAUDERHILL FL 33351

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

954 747 2975

Date

Daytime Phone #

CR2E034 (9/01)