

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

DOCUMENT # P98000039364

1. Entity Name
I.D.M. MANAGEMENT, INC.



Principal Place of Business
4300 N. UNIVERSITY DRIVE
B-104
FORT LAUDERDALE FL 33351

Mailing Address
4300 N. UNIVERSITY DRIVE
B-104
FORT LAUDERDALE FL 33351



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4300 N UNIVERSITY DR

3. Mailing Address
4300 N UNIVERSITY DRIVE

Suite, Apt. #, etc.
SUITE F 200

Suite, Apt. #, etc.
SUITE F 200

City & State
LAUDER HIL FL

City & State
LAUDER HIL FL

4. FEI Number 65-0833877

Applied For
Not Applicable

Zip
33351

Country
BROWNS

Zip
33351

Country
BROWNS

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORROW, ILANA
4300 N. UNIVERSITY DR., B-104
FORT LAUDERDALE FL 33351 ☐ Delete

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all right like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ILANA MORROW

DATE
4/11/03

DAYTIME PHONE #
954 748 2925

CR2E034 (10/02)