

FILED

Jun 04, 2002 8:00 am
Secretary of State

05-17-2002 90034 046 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000032702

1. Entity Name

IDEA MEDIA, INC. ✓

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
3550 BISCAYNE BLVD3. Mailing Address
3550 BISCAYNE BLVDSuite, Apt. #, etc.
#J601Suite, Apt. #, etc.
#601City & State
MIAMI FLORIDACity & State
MIAMI FLORIDAZip
33137Country
USAZip
33137Country
USA4. FEI Number
650910115Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: JOAQUIM CAVAIGNAC

Street Address (P.O. Box Number is Not Acceptable)
701 BUCKELL KEY BLVD # 809

City MIAMI

FL

Zip Code
33131**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/30/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/VP
NAME JOAQUIM CAVAIGNAC
STREET ADDRESS 9140 HARDING AVENUE
CITY-ST-ZIP SURFIDE FL, 33154TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME YARA ABUJAMRA
STREET ADDRESS 9140 HARDING AVENUE
CITY-ST-ZIP SURFIDE FL, 33154TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquin Cavaignac 4/25/02

Date

Daytime Phone #

CR2E034B (12/01)