

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P99000047216

1. Entity Name

INTERNATIONAL DETECTIVE BUREAU, INC.



FILED

03 OCT 15 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1451 W. Cypress Creek Road

3. Mailing Address

P.O. Box 5565

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip
33309

Country

Zip
33310

Country

4. FEI Number

650926141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Fl.

City Miami,

FL

Zip Code
33145

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, Spiegel & Utrera, P.A.

SIGNATURE by:

Natalia Utrera, Vice Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres, Secretary, Treasurer & Dir.
Joaquin Medina
2400 W. Cypress Creek Rd.
Ft. Lauderdale, FL 33309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

Joaquin Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)

COUNTY OF)

1. is the President of INTERNATIONAL DETECTIVE BUREAU, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on .
3. That the Corporation failed to file its 2002 and 2003 Annual Reports or pay the 2002 and 2003 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002 and 2003 Annual Report fees and the filing of its 2002 and 2003 Annual Reports, which are presented simultaneously with this Affidavit.
5. INTERNATIONAL DETECTIVE BUREAU, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 8 day of October, 2003

FURTHER, AFFIANT SAYETH NOT

INTERNATIONAL DETECTIVE BUREAU,
INC.

By: [Signature]
President

SWORN AND SUBSCRIBED
before me this 8 day of October, 2003

[Signature]
Notary Public, State of Florida-at Large
Printed Name: _____
Commission Expires: _____

