2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000098539



FILED Jan 17, 2003 8:00 am Secretary of State

| 1. Entity Na | ame IDEO, INC | | | 01-17-2003 90024 045 ***150.00 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------|-----------------|
| Principal Pla 4410 W 16T HIALEAH FL | | Mailing Address 4410 W 16TH AVE. #8 HIALEAH FL 33012 | | | |
| | | prome instrumental and a | | | |
| 2. Principal | Place of Business | 3. Mailing Address | | T ARBITRADA TIRO TRIAR RALIN ORDIA RADIA COTAL COTAL FOLOS FOLOS ATTERO CITAR D | 10 (11) |
| Suite, Apt. #, etc. Suite, Apt | | | <u> </u> | ☐ CHECK HERE IF MAKING CHANGES | |
| City & Sta | ate | City & State | | 4. FEI Number 65-0960770 Applied | for plicable |
| Zíp | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Cur | rent Registered Agent | | 7. Name and Address of New Registered Agent | |
| MODEIO | N ANDDENIED | • | Name | | |
| MOREJON, ANDRENIER 5365 WEST 23 AVENUE | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | , |
| HIALEAH | FL 33016 | | | | |
| | | | City | FL Zip Code | |
| 8. The above the obligation | e named entity submits this stateme tions of registered agent. | nt for the purpose of changing i | ts registered office or regi | istered agent, or both, in the State of Florida. I am familiar with, and a | ccept |
| SIGNATURE | | | | | |
| હ [*] | Signature, typed or printed name of registered a | igent and title if applicable. (NO | OTE: Registered Agent signature req | quired when reinstating) DATE | • |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmer | 00 t of State | | 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. | |
| 10. | OFFICERS A | ND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | |
| TITLE NAME STREET ADDRESS | PSD MOREJON, ANDRENIER 5365 W 23 AVE. | ☐ Delete | TITLE NAME | | Addition |
| CITY-ST-ZIP | HIALEAH FL 33016 | | STREET ADDRESS CITY-ST-ZIP | | |
| NAME | - | ☐ Delete | TITLE NAME | ☐ Change ☐ A | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | ☐ Delete | TITLE | ☐ Change ☐ A | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | | ☐ Defete | TITLE | ☐ Change ☐ A | ddition |
| NAME STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Ac | ddition |
| TITLE | | <u> </u> | CITY-ST-ZIP | | |
| NAME | t. | ☐ Delete | TITLE NAME | . Change Ad | dition |
| STREET ADDRESS | , | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 2. I hereby coindicated | ertify that the information supplied w | ith this filing does not qualify fo | r the exemption stated in t | Section 119.07(3)(i), Florida Statutes. I further certify that the informati | ion |

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

SIGNATURE: 1