

FILED  
May 05, 2003 8:00 am  
Secretary of State

04-04-2003 90066 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V00264

1. Entity Name  
INTERNATIONAL DEVELOPMENT AND CONSTRUCTION, INC.



Principal Place of Business  
3333 S. CONGRESS AVENUE  
SUITE 403  
DELRAY BEACH FL 33445  
US

Mailing Address  
3333 S. CONGRESS AVENUE  
SUITE 403  
DELRAY BEACH FL 33445  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 401

Suite, Apt. #, etc.

SUITE 401

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-2095832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

RAMZI, AKEL  
8729 VIA GIULIA  
BOCA RATON FL 33498

**7. Name and Address of New Registered Agent**

Name  
MITCHELL A. SHERMAN PA  
Street Address (P.O. Box Number is Not Acceptable)  
1301 N. CONGRESS AVE  
SUITE 210  
City  
BOCA RATON BEACH FL Zip Code  
33486

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

*Mitchell A. Sherman*

4-24-03

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCARDINA, CHARLIE	
STREET ADDRESS	8729 VIA GIULIA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMZI, AKEL	
STREET ADDRESS	8729 VIA GIALIA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES SCARDINE	
STREET ADDRESS	3333 S. CONGRESS AVE SUITE 401	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMZI, AKEL	
STREET ADDRESS	3333 S. CONGRESS AVE SUITE 401	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE:

*CHARLES SCARDINE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 243 3900

CFR2034 (10/02)