

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90080 039 ****61.25

DOCUMENT # 726487

1. Entity Name

INTERNATIONAL STUDIO APARTMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1480 SO. OCEAN BLVD.
 POMPANO BEACH FL 33062

500 NE SPANISH RIVER BLVD
 STE 18
 BOCA RATON FL 33431
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1489547

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

USA

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

~~WILLIS, ERNEST W~~
 500 NE SPANISH RIVER BLVD
 STE 18
 BOCA RATON FL 33431

Name **Management Assist, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
2626 E. Commercial Blvd, #4

City **Fort Lauderdale 1** FL Zip Code **33308**

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: *IAN SUMNER* **IAN SUMNER VP** **3/30/2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	NEGRO, CARMINE	
CITY-ST-ZIP	8 DEBRA LEE COURT WEST NYACK NY 10994	
TITLE NAME	PD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MOLLER, CONNE	
CITY-ST-ZIP	1480 S OCEAN BLVD POMPANO BEACH FL 33062	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	PAULA, CARROLL	
CITY-ST-ZIP	1481 S OCEAN BLVD #304 POMPANO BEACH FL 33062	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CAPRESECCO, SHIRLEY	
CITY-ST-ZIP	1480 S. OCEAN BLVD., 420 POMPANO BEACH FL 33062	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MILLER, FRANCES	
CITY-ST-ZIP	1480 S. OCEAN BLVD., #316 POMPANO BEACH FL 33062	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PIERPOINT, STEVEN	
CITY-ST-ZIP	1530 S. OCEAN BLVD, #704 POMPANO BEACH, FL 33062	
TITLE NAME	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RIVERA, CARLOS	
CITY-ST-ZIP	5590 NE 33 AVENUE FORT LAUDERDALE, FL 33308	
TITLE NAME	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CARROLL, PAULA	
CITY-ST-ZIP	1480 S. OCEAN BLVD #207 POMPANO BEACH FL 33062	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MILLER, FRANCES	
CITY-ST-ZIP	1480 S. OCEAN BLVD POMPANO BEACH FL 33062	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TORINO, MARTIN	
CITY-ST-ZIP	1480 S. OCEAN BLVD #208 POMPANO BEACH, FL 33062	

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 617, 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: *IAN SUMNER* **IAN SUMNER (PRESIDENT)** **4/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)