

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90121 001 ***150.00

DOCUMENT # F96000002551

1. Entity Name
ISSENMAN DEVELOPMENTS, INC.

Principal Place of Business
2400 E LAS OLAS SUITE #195 FORT LAUDERDALE FL 33301 US

Mailing Address
2400 E LAS OLAS SUITE #195 FORT LAUDERDALE FL 33301 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **03-0330547**
 Applied For
 Not Applicable

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

ISSENMAN, MARK
2400 E LAS OLAS SUITE #195 FORT LAUDERDALE FL 33301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CP ISSENMAN, MARK 2400 E LAS OLAS BLVD SUITE 195 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Isseman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 954 2703484

CR2E034 (4/02)

Attachment#
F96000002551
122850

Florida Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

July 22nd, 2002

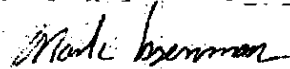
Re: non-receipt of original 2002 UBR Form for FEI 03-0330547

Sirs,

This is to inform you that we have only received the 2002 UBR Form on the 20th of July, 2002. We have not received an earlier one for the 2002 filing year. We therefore ask you to waive the late fee of \$400 and accept our annual fee payment of \$150. You are asked to contact the undersigned at tel. (954) 270-3484 should you have any questions concerning the foregoing.

Yours very truly,

Issenman Developments Inc



Per: Mark Issenman, President