

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-26-2002 90025 006 ***158.75

DOCUMENT # P01000003713
 1. Entity Name
CHIP ISABELLA P.A.

Principal Place of Business Mailing Address
 7308 NW 57 DR 7308 NW 57 DR
 TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address
5501 N.W. 51 AVE **5501 N.W. 51 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COCONUT CREEK, A **COCONUT CREEK, FL**
 Zip Country Zip Country
33073 **FL** **33073** **FL**

4. FEI Number Applied For
65-1065305 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~LA DUKE, RONALD~~
~~1909 SW 1 AVE, STE 100~~
~~FT LAUDERDALE FL 33315~~

7. Name and Address of New Registered Agent
 Name: **Joseph Isabella**
 Street Address (P.O. Box Number is Not Acceptable):
5501 N.W. 51 AVE
 City, State, Zip: **COCONUT CREEK FL 33073**

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. **33073**
 SIGNATURE: Chip Isabella DATE: **3/13/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PVTS ISABEELA, JOSEPH <input checked="" type="checkbox"/> Delete 7308 NW 57 DR TAMARAC FL 33321
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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	PVTS D ISABELLA, JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5501 N.W. 51 AVE COCONUT CREEK, FL 33073
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: Chip Isabella **CHIP ISABELLA** DATE: **3/13/02** DAYTIME PHONE: **954-796-5602**

CR2E034 (9/01)