

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90271 034 \*\*\*150.00

DOCUMENT # P93000041872

1. Entity Name

ISAQUEENA CORP.

Principal Place of Business 200 S. Biscayne Blvd. 20th Floor Miami, FL 33131	Mailing Address 200 S. Biscayne Blvd. 20th Floor Miami, FL 33131
---	---

**A0049467**

2. Principal Place of Business 201 S. Biscayne Blvd.	3. Mailing Address 201 S. Biscayne Blvd.
---	---

Suite, Apt. #, etc. Suite 850	Suite, Apt. #, etc. Suite 850
----------------------------------	----------------------------------

City & State Miami, FL	City & State Miami, FL
---------------------------	---------------------------

4. FEI Number  
65 0425866

Applied For  
Not Applicable

Zip 33131	Country	Zip 33131	Country
--------------	---------	--------------	---------

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION  
 200 South Biscayne Boulevard  
 20th Floor  
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name *Address change only*  
 Street Address (P.O. Box Number is Not Acceptable)  
 201 South Biscayne Boulevard  
 Suite 850  
 City Miami FL Zip Code 33131

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 *San Carson Cheezem, Pres* DATE *4/14/01*  
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!!! FEES \$150.00**  
**After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Charles K. Cheezem 701 Brickell Avenue, Suite 1200 Miami, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 South Biscayne Blvd., Suite 850 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jan C. Cheezem 200 S. Biscayne Blvd, 20th Floor Miami, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 South Biscayne Blvd., Suite 850 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *San Carson Cheezem* DATE: *4/14/01* PHONE: *305 702 3000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone