

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90021 031 \*\*\*150.00

**DOCUMENT # 291224**

1. Entity Name

**THE ISABELLE CORPORATION**

Principal Place of Business

401 NW 38TH CT  
 PO BOX 350940  
 MIAMI FL 33126-5638

Mailing Address

401 NW 38TH CT  
 PO BOX 350940  
 MIAMI FL 33126-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1097886**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**ONE GROVE ISLE DRIVE**  
**APT. 1509**

City **COCONUT GROVE**

FL

Zip Code **33133**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02

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 \$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	P	<input type="checkbox"/> Delete
NAME	AMDUR, ISABELLE	
STREET ADDRESS	3511 BAYSHORE VILLAS DR	
CITY-ST-ZIP	MIAMI BEACH FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMDUR, NEAL	
STREET ADDRESS	3511 BAYSHORE VILLAS DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAVENICK, BARBARA	
STREET ADDRESS	369 LEUCADENDRA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
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		

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMDUR, ISABELLE	
STREET ADDRESS	ONE GROVE ISLE DR. #1509	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMDUR, NEAL	
STREET ADDRESS	ONE GROVE ISLE DR. #1509	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		

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:**

**SIGNATURE REQUIRED**  
 Signature and typed or printed name of signing officer or director

02-01-02 (305) 649-3000

Date

Daytime Phone #

CR2E004 (9/01)