

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # F62072

1. Entity Name
ISA COUTURE FABRICS, INC.

Principal Place of Business

200 NE 30TH ST.
MIAMI FL 33137

Mailing Address

200 NE 30TH ST.
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2174324

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

BAEZ, ISA
555 NE 30 ST APT 401
MIAMI FL 33137

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.

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BAEZ, ISA
STREET ADDRESS 555 NE 30TH STREET, 401
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME CASTRO, MAYRA C
STREET ADDRESS 5055 NW 7 ST APT 1110
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
00 JUL 14 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

900003334769-2
-07/25/00-01842007
****150.00 ****150.00

2 of 2

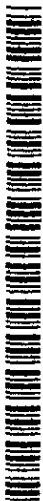


FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327
Tallahassee, Florida 32314



TO: 0047541 AF **AUTO TB 1 1297 33137-412000

F62072

ISA COUTURE FABRICS, INC.

200 NE 30TH ST

MIAMI FL 33137-4120

Dear Sir: We got the first invoice for \$150⁰⁰ -
which was paid on April ~~10~~ 10th -
check #6647 - (Nation Bank) - They say
I just called ~~your office~~ and they say
there is not being received -
So it must be lost there because I don't
have it and never came back -
I will get the

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#4371