

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002776

1. Entity Name

ISAR ENTERPRISES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 015 ***158.75

Principal Place of Business

Mailing Address

2703 DAY AVE., UNIT 7
COCONUT GROVE FL 33133

2703 DAY AVE., UNIT 7
COCONUT GROVE FL 33133-7602

2. Principal Place of Business

3. Mailing Address

1224 ASTURIA AVE.

1224 ASTURIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

4. FEI Number

75-2564724

Applied For

Not Applicable

Zip 33134

Country USA

Zip 33134

Country USA

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

ARRIAGA, ISILIO
100 ALMERIA AVE., SUITE 360
CORAL GABLES FL 33134

Name

ISILIO ARRIAGA

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

1224 ASTURIA AVE

City

CORAL GABLES

FL

Zip Code

33134

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

ISILIO ARRIAGA

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

(NOTE: Registered Agent signature required when reinstating)

April 13 - 2000

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, 2000 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 IN 11

TITLE CP ☐ Delete
NAME ARRIAGA, ISILIO
STREET ADDRESS 2703 DAY AVE., UNIT 7
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE P ☒ Change ☐ Addition
NAME ARRIAGA, ISILIO
STREET ADDRESS 1224 ASTURIA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DT ☐ Delete
NAME ARRIAGA, CLAUDIA
STREET ADDRESS 600 S. MACARTHUR BLVD., APT. 2727
CITY-ST-ZIP COPPELL TX 75019

TITLE DT ☒ Change ☐ Addition
NAME ARRIAGA, CLAUDIA
STREET ADDRESS 9511 MONTGOMERY DRIVE
CITY-ST-ZIP BETHESDA, MD 20814

TITLE DS ☐ Delete
NAME ARRIAGA, ROSIRIS
STREET ADDRESS 2703 DAY AVE., UNIT 7
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE DS ☒ Change ☐ Addition
NAME ARRIAGA, ROSIRIS
STREET ADDRESS 1224 ASTURIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

ISILIO ARRIAGA - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 13 - 2000

(305) 529-0720