FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F99000002776 ISAR ENTERPRISES, INC. 04-28-2001 90060 018 \*\*\*158.75 Principal Place of Business Mailing Address 1224 ASTURIA AVE. 1224 ASTURIA AVE. ~ IU / CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 7788 <u>5W</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 75-2564724 MIAMI MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRIAGA, ISILIO-1224 ASTURIA AVE. CORAL GABLES FL 33134 MIAMI atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this 04-24-01 NRRIA GA nos i DONY FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Addition TITLE Delete TITLE ARRIAGA, ISILIO NAME NAME 7788 SW 95 ST MIAMI - FL 33156 1224 ASTURIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete ARRIAGA, CLAUDIA NAME NAME STREET ADDRESS 9511 MONTGOMERY DR. STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20814 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ARRIAGA, ROSIRIS NAME NAME 7788SW 95 ST MIAMI - FL 33156 STREET ADDRESS 1224 ASTURIA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ARRIAGA- PROSIDONY 4-24-01