

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010753

1. Entity Name

ISSA PROPERTIES, LLC

FILED

Principal Place of Business

220 SE 13TH AVENUE
CAPE CORAL FL 33990

Mailing Address

220 SE 13TH AVENUE
CAPE CORAL FL 33990

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

29-3750030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYMS, SETH
220 SE 13TH AVENUE
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004611714--5
-09/26/01--01018--029
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE member
NAME Jesse Wymbs
STREET ADDRESS 46 Bartholp Ave
CITY-ST-ZIP Pompton Lakes NJ 07442
☐ Delete

TITLE member
NAME Lillian Wymbs
STREET ADDRESS 46 Bartholp Ave
CITY-ST-ZIP Pompton Lakes NJ 07442
☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9-10-8001 941-242-2171

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CR2E083 (5/01)

STAPLE CHECK HERE