

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016429

1. Entity Name

FIRST ISABELLA, LLC

Principal Place of Business

559612 ARBOR CLUB WAY  
BOCA RATON FL 33433

Mailing Address

559612 ARBOR CLUB WAY  
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 1022

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

33443-1022

Country

4. FEI Number

01-0553862

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD  
SUITE 820  
FT. LAUDERDALE FL 33308

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILO, GARY J  
559612 ARBOR CLUB WAY  
BOCA RATON FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
PO Box 1022  
Deerfield Beach FL 33443-1022

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

TITLE  
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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

GARY J MILO

2/22/02

(561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

391-2479

FILED  
May 01, 2002 8:00 am  
Secretary of State

03-13-2002 90121 016 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)