

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90104 046 ***150.00

DOCUMENT # M51611

1. Entity Name
ISIDORA WILKE, INC.

Principal Place of Business
**3143 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

Mailing Address
**3143 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

000003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2825142**

Applied For
 Not Applicable

Zip Country Zip Country

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

**WILKE-JANICKI, ISIDORA P.
 3143 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2002*Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS WILKEJANICKI, ISIDORA P. 1408 S. BAYSHORE DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKE-JANICKI, RICHARD A 1408 S. BAYSHORE DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Isidora Wilke-Janicki*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02 305)448-5111
 Date Daytime Phone #

CR2E034 (4/02)

Attachments 980803
M51611

ISIDORA WILKE, INC.
3143 Ponce de Leon Blvd.
Coral Gables, Florida 33134

Department of State
Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

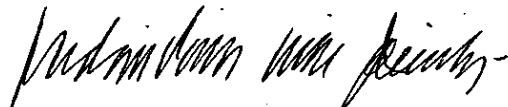
Gentlemen:

I did not receive the form 2002 Uniform Business Report (UBR) from the State and since I am not fully knowledgeable in tax matters, I did not know to file a blank form or make my payment by May 1, 2002.

I am requesting an abatement of the penalties as there was no intention on my part not to file or pay the fee on time. Also, my business has not been doing very well and sales have been severely affected by the economy. Paying this penalty at this time would be a definite hardship.

Your consideration on my behalf in this matter is sincerely appreciated.

Yours very truly,



Isidora Wilke