

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004584

1. Entity Name

INTERNATIONAL SPEAKERS ALLIANCE, INC.

Principal Place of Business

3124 LAYLA DR
TALLAHASSEE FL 32303

Mailing Address

3124 LAYLA DR
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

LEON

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

LEON

6. Name and Address of Current Registered Agent

MARTE, HERIBERTO J
3124 LAYLA DR
TALLAHASSEE FL 32303

4. FEI Number

59-3656946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 HERIBERTO J. MARTE, PRESIDENT

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARTE, HERIBERTO 3124 LAYLA DR TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DE LA CRUZ, MARCELINA 3124 LAYLA DR TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NAVARRO, ALTA 3124 LAYLA DR TALLAHASSEE FL 32303 | <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3, FILED
Mar 28, 2001 8:00 am
Secretary of State

03-13-2001 90319 034 ****61.25

32509



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)