

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000003892**

1. Entity Name

ISaac and Ernie Inc.
65-0982639



FILED

03 FEB 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300012959603
02/21/03--01051--006 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Anushka Sperry
6609 Via Regina

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6877 S.W. 18th ST

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433

Palm Beach

33433

Palm Beach

4. FEI Number

Applied For

Not Applicable

65-0982639

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nicola L. Zagorob Esq.

Street Address (P.O. Box Number is Not Acceptable)

3800 N.E. 3rd Ave.

City

Pompano Beach

FL

Zip Code

33064

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDT		
	Jocly Kapatelis		
	6609 Via Regina		
	Boca Raton, FL		33433
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jocly Kapatelis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03
Date

561-368-6968
Daytime Phone #

CR2E034B (12/02)

February 10th, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Subject: ISAAC AND ERNIE, INC.
Ref #: P000000003892

Enclosed is my document for
ISAAC AND ERNIE, INC. and my
new check totaling \$ 300.⁰⁰.
The total amount due to reinstatement
is \$ 300.⁰⁰. I am requesting a
fee abatement.

If you have any questions concerning
the document please call 561-368-6968

Thank You,
Jelly Kpette