

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90273 048 ***150.00

DOCUMENT # P00000015504

1. Entity Name
ISABELLA, INC

Principal Place of Business
**1546 N.W. 1ST AVENUE
 BOCA RATON FL 33432**

Mailing Address
**1546 N.W. 1ST AVENUE
 BOCA RATON FL 33432**

2. Principal Place of Business
1501 N.W. 1ST COURT
 Suite, Apt. #, etc.

3. Mailing Address
1501 N.W. 1ST COURT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FLORIDA
 Zip
33432

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BOCA RATON, FLORIDA
 Zip
33432

4. FEI Number
65-1043524

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, ALBERT
1546 N.W. 1ST AVENUE
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
ALBERT CONTRERAS
 Street Address (P.O. Box Number is Not Acceptable)
1501 N.W. 1ST COURT
 City
BOCA RATON FL Zip Code
33432

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, ALBERT	
STREET ADDRESS	1057 SALMON ISLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASAN, SHAD	
STREET ADDRESS	5199 DEERHURST CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABUTINEH, ABDELHAKIM	
STREET ADDRESS	10938 N. DANBURY WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)