

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90043 027 \*\*\*150.00

00014174



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000031099</b>																			
<b>1. Entity Name</b> ISCO BUSINESS CENTER, INC.																			
<b>Principal Place of Business</b> 87 NW 15TH PLACE POMPANO BEACH FL 33060		<b>Mailing Address</b> 87 NW 15TH PLACE POMPANO BEACH FL 33060																	
<b>2. Principal Place of Business</b> 87 NW 15th place		<b>3. Mailing Address</b> P.O. Box 11272																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
<b>City &amp; State</b> POMPANO BEACH, FL		<b>City &amp; State</b> POMPANO BEACH, FL																	
<b>Zip</b> 33060		<b>Zip</b> 33061																	
<b>Country</b> USA		<b>Country</b> USA																	
<b>4. FEI Number</b> 65-1013125		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable																	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b> ISMA, EMMANUEL / ANDRE CHARLES 87 NW 15TH PLACE POMPANO BEACH FL 33060		<b>7. Name and Address of New Registered Agent</b> Name: ANDRE CHARLES Street Address (P.O. Box Number is Not Acceptable): 87 NW 15th place City: POMPANO BEACH FL Zip Code: 33060																	
<b>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.</b>																			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>11. OFFICERS AND DIRECTORS</b>																	
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**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 (10/00)