

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
 01-24-2001 90015 029 ***150.00

DOCUMENT # P00000071744

1. Entity Name
ISAAC'S CATERING SERVICE, INC.

Principal Place of Business

7347 NW 77TH AVENUE
 MIAMI LAKES FL 33014

Mailing Address

7347 NW 77TH AVENUE
 MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1041027

Applied For

Not Applicable

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

ELIAS, JOHN ESQ
 15225 NW 77TH AVENUE SUITE 201
 MIAMI LAKES FL 33014

Name **Ghobrial, Noshat**
 Street Address (P.O. Box Number is Not Acceptable)
7347 NW 77 Ave.
 City **Miami Lakes, FL** Zip Code **33014**

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 *Noshat W Ghobrial*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-10-001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHOBRAL, NOSHAH N 7347 NW 77TH AVENUE MIAMI LAKES FL 33014	<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
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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: *Noshat W Ghobrial*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-001

CR2E034 (10/00)