

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073808

1. Entity Name
ISMAR, INC.

Principal Place of Business
19360 NW 8TH ST.
PEMBROKE PINES FL 33029

Mailing Address
19360 NW 8TH ST.
PEMBROKE PINES FL 33029

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

65-1034918

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

RIOSECO, ISIDRO
19360 NW 8TH ST.
PEMBROKE PINES FL 33029

Name RIOSECO, MARIA ELENA
Street Address (P.O. Box Number is Not Acceptable)
19360 NW 8 STREET
PEMBROKE PINES,
City FL Zip Code 33029

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, 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 P Isidro Rioseco ☐ Delete
STREET ADDRESS 19360 NW 8 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE NAME T Isidro Rioseco ☒ Change ☐ Addition
STREET ADDRESS 19360 NW 8 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME P MARIA ELENA Rioseco ☐ Change ☒ Addition
STREET ADDRESS 19360 NW 8 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Isidro Rioseco, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001

Date

(954) 436-6070

Daytime Phone #

CR2E034 (10/00)

0115457

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90491 008 ***150.00



DO NOT WRITE IN THIS SPACE